

D.R.E.A.M.S. Foundation of Acadiana
113 Oil Center Dr, Lafayette, LA 70503
Phone 267-9199 / 962-1609

Fee: \$40.00 Cash \$ _____
Make check payable to: Check No. _____ \$ _____
D.R.E.A.M.S. Foundation of Acadiana

LYSA TOPSoccer Membership Form

Fall/ Spring Season 20__/ 20__

Player Information:

Last Name _____ First Name _____

Address: _____ City _____

State _____ Zip Code _____ Phone: _____ DOB ____/____/____ Male Female

Father's/Legal Guardian's Name _____ Occupation _____

Work Phone _____ E-mail: _____

Mother's/Legal Guardian's Name _____ Occupation _____

Work Phone _____ E-mail: _____

Person to notify in an emergency: _____ Phone _____

Doctor to notify in an emergency: _____ Phone _____

Health Information: (Check all those that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Atlano-axial Instability | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Non-Verbal, signs | <input type="checkbox"/> Low Blood Pressure | |

Player has been evaluated physically as: Mild Moderate Severe
Intellectually as: Mild Moderate Severe

Uniform Size

	Youth					Adult				
Shirt	XS	S	M	L	XL	XS	S	M	L	XL
Shorts	XS	S	M	L	XL	XS	S	M	L	XL
Socks	XS	S	M	L	XL	XS	S	M	L	XL

Parental Support

We ask for active participation of all parents in our program.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Asst. Coach | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Team Mom | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Committee | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Sponsor | <input type="checkbox"/> Field Preparation |

I hereby declare and warrant that to the best of my knowledge and belief that he/she is both physically and mentally able to participate in TOPSoccer. With my approval, a licensed physician has certified that, based on an independent medical examination, there is no medical evidence that would preclude his/her participation in TOPSoccer. I also understand that if he/she has been diagnosed to have Down syndrome, a radiological examination for the purpose of determining the presence or absence of atlantoaxial instability is required for his/her participation in TOPSoccer.

I further understand that my presence or the presence of my spouse or other legal guardian is required at all LYSA TOPSoccer and LYSA TOPSoccer Program events, including but not limited to practices, games, festivals, etc. in which he/she participates. I clearly understand that the reason for the required presence of a parent or guardian for TOPSoccer activities is based in part on issues surrounding emergency care should it be needed.

In permitting my son/daughter to participate in the LYSA TOPSoccer Program, I specifically grant my permission for TOPSoccer to use his/her likeness, name, voice, and/or words in television, radio, film, newspaper, magazine, and/or other media for the purpose of informational outreach for TOPSoccer and/or seeking funds and other types of support for TOPSoccer.

I hereby declare that _____ has my permission to participate in TOPSoccer.

Consent for Medical Treatment

As the parent/legal guardian of the above-named player or player age 18 or over I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "program"), I hereby release, discharge and/or otherwise indemnify the (USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

NAME _____ Signature _____ Date _____
Parent / Legal Guardian (PLEASE PRINT)