

Manchester North Soccer League is proud to announce our support and participation with **TOPSoccer** in our 2017 Fall Season.

What is TOPSoccer? It is a community-based training and team placement program for young athletes with disabilities, organized by the youth soccer association volunteers. This program is designed to bring the opportunity of learning and playing soccer to any boy or girl who has a mental or physical disability.

What is our goal? To enable local athletes with disabilities the opportunity to be a successful member of our soccer family.

When do we play? Saturday afternoons from 1:00-2:30 pm during the regular Fall season in September and October.

Who is going to coach my child? We have a great group of trained Coaches who will be working with your children.

What is the cost? \$30.00 for the season

Manchester North Soccer League is honored to host **TOPSoccer** games this upcoming Fall season. We look forward to meeting all of the **TOPSoccer** athletes and their families.

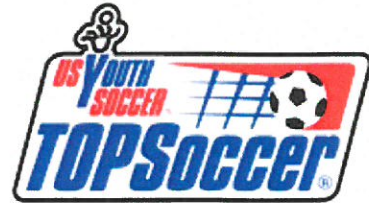
Thank you,

Aaron Chretien, President

Manchester North Soccer League

MNSLPresident@gmail.com

603-494-1916 m



Agreement to Play

I (player name) _____ wish to participate in youth soccer with Manchester North Soccer League. I acknowledge the risk of possible physical harm to me as a result of my participation is increased because of (current diagnosis/condition) _____ which I sustained in the past and for which I have received medical attention. While there is no immediate danger to me, I am told due to my disability, strenuous collision type activities, such as soccer, could render me more susceptible to future problems.

I have considered participation in activities other than soccer and reviewed those considerations with my parents and doctors. I have also talked with my parents and we understand the potential danger of soccer. In weighing the risk of potential injury to myself, both now and in the future, as well as to others, I hereby release, discharge and/or otherwise indemnify Manchester North Soccer League and all agent, its affiliated organizations and sponsors, their employees, and associated personnel and coaches, from any claim or liability as a result of an injury or possible death related to (player name) _____ and not to any injury that may occur in the future which is unrelated to my previous disability. I execute this agreement freely, fully intending to be bound by the same.

Participant Name _____

Parent or Guardian Name _____

Parent or Guardian Signature _____

MNSL Board Member Name and
Signature _____

Date _____

**PHYSICIAN CERTIFICATIONS AND ASSUMPTION OF RISK FORM
FOR PLAYERS WITH DOWN SYNDROME AND/ OR ATLANTO-AXIAL INSTABILITY (AAI)**

A NEW RELEASE IS REQUIRED _____ [state how often]

PHYSICIAN CERTIFICATIONS

I. Certification of one (1) Physician required for players with no positive AAI results. I have examined _____ ("player") who has Down Syndrome. He/she has **negative** results for Atlanto-Axial Instability (AAI). I certify that this player has my permission to play.

Physician's Name _____ Phone () _____
Address: _____ **City:** _____ **State:** _____ **Zip** _____

I have spoken to the parents/legal guardian/player and recommend that the player be examined _____ [state how often] for AAI.

Physician's Signature _____

II. Signature of two (2) Physicians is required for all players with positive AAI results.

I have examined _____ ("player") who has Atlanto-Axial Instability (AAI). I certify, based on my examination and review of his/her health information, that despite the diagnosis of AAI, this player is not medically precluded from participation in [Name of State Association] TOPSoccer. I further certify that I have explained to the player named in this form, and to the parent or legal guardian whose signature appears below, the medical risks associated with AAI and in particular, the risks associated with the player's participation in soccer and related events which, by their nature, may result in hyper-extension, radical flexion, or direct pressure on the neck or upper spine.

Physician's Name _____ Phone () _____
Address : _____ **City:** _____ **State:** _____ **Zip** _____

I have spoken to the parents/legal guardian/player and recommend that the player be examined _____ [state how often] for AAI.

Signature of Physician: _____

Physician's name: _____ Phone () _____
Address _____ **City:** _____ **State:** _____ **Zip:** _____

I have spoken to the parents/legal guardian/player and recommend that the player be examined _____ [state how often] for AAI.

Signature of Physician: _____

III. ASSUMPTION OF RISK

(Required for players with diagnosis of Atlanto-Axial Instability)

I am the parent/legal guardian/player of _____, (hereinafter "the player"). I certify that:

1. I have been informed by the physicians named above that the Player has Atlanto-Axial Instability.
2. The risks associated with that condition, including risks from participating in soccer and related events have been fully explained to me by the physicians named above and I fully understand the risks and possible medical consequences of the player participating in soccer and related events. I understand that soccer is a challenging and physical sport involving contact and potential risk of injury. On behalf of the player, I hereby assume all risks and agree to hold [Name of State Association] harmless from all damages arising therefrom.
3. Although I recognize and understand the risks and possible medial consequences, I hereby give my permission for the player to participate in soccer and related events.

DO NOT SIGN UNTIL YOU HAVE READ THE ENTIRE ASSUMPTION OF RISK SECTION ABOVE

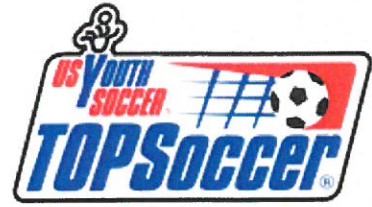
Print Name: _____

Address: _____ State _____ Zip _____

Signature of Parent/Legal Guardian/ Player: _____ Date: _____



in association with



2017 FALL TOP SOCCER REGISTRATION

PLAYER INFORMATION

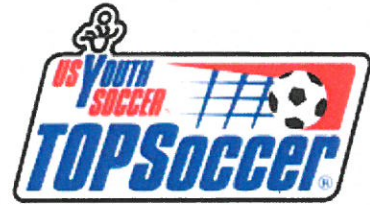
Name:		Played TOPSoccer Before?	YES	NO
Date of Birth:	Gender:	Age:		
Street Address:				
City:	State:	ZIP Code:		

PARENT OR GUARDIAN CONTACT INFORMATION

Parent or Guardian 1 Name:		Relationship:		
**Cell Phone:	E-mail:			
Street Address:				
City:	State:	ZIP Code:		
Parent or Guardian 2 Name:		Relationship:		
**Cell Phone:	E-mail:			
Street Address: (if different than above)				
City:	State:	ZIP Code:		



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EMERGENCY CONTACT INFORMATION		
Name:		Relationship:
**Cell Phone:	E-mail:	
MEDICAL RELEASE INFORMATION		
Physician Certification and Assumption of Risk Form <u>must</u> accompany this Manchester North/TOPSoccer registration.		
Physician Certification and Assumption of Risk Form attached?	YES	NO
PAYMENT AGREEMENT		
I authorize Manchester North Soccer League to charge my bank account (if paying by Check) or charge my credit card (if paying by credit card) in the following amount: TOPSoccer Fee \$30.00/per player		
Check #	Credit Card Swipe (please circle if yes)	YES
SIGNATURES		
Signature of Parent/Guardian:		Date:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA and MNSL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MNSL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA and MNSL, 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 Programs and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by 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 further grant MNSL the right, without reservation or limitation, to photograph, videotape and/or record me and/or my child(ren) and to use my child(ren)'s name, face, likeness, voice and appearance in accordance with the MNSL website, Facebook page or other digital media, advertising or promotional materials.