

Cromwell Chill Soccer
TOPSoccer AGREEMENT TO PARTICIPATE FORM

Player's Name: _____

I, _____, wish to have my child, _____, participate in the Cromwell TOPSoccer program. In connection with the participation, I acknowledge the risk of possible physical harm to him/her.

While there is no immediate danger to my child, I have been told that due to their disability, strenuous collision-type activities, such as soccer, could render him/her more susceptible to future problems than might be normally expected.

In weighing the risk of potential injury to my child, both now and in the future, I do hereby waive, release, absolve and agree to hold harmless Cromwell TOPSoccer, it's officers, director, coaches, mentors, any volunteers, the Town of Cromwell and it's officials, and Connecticut Junior Soccer Association (CJSA) for any claims arising out of an injury to my child relating to my child's medical condition or to any injury that may occur in the future that is unrelated to my child's previous disability.

I execute this agreement freely, intending to be bound by same.

Parent or Guardian: _____

Date: _____