



TOPSOCCER PARTICIPANT APPLICATION

Player Information:

Player's Name _____ Phone # _____

This program is for players 8 to 14 years old (All Participants must have a DOB between 9/1996 and 9/2002)

Date of Birth _____ Age _____ Circle: Male/Female

Address _____

City _____ Zip _____

Wheelchair _____ Walker _____ Other _____

Are there any limitations or behavior concerns that the coach should be aware of?

Parent/Guardian Information:

Mother's Name _____ Father's Name _____

E-mail address _____

Group Home Information:

Agency Name: _____ Supervisor Name _____

Agency Phone # _____ Supervisor Phone# _____

***Group home staff MUST REMAIN AT THE FIELDS and assist players if needed.**

Photo Release:

I here by give my permission to the TOPSoccer program, to use any portrait, picture, photograph, and/or video of my child, myself or my family, for the sake of publicity for the TOPSoccer program.

Parent or Guardian Signature: _____ Date: _____



Medical Release

PARENTS/GUARDIANS MUST REMAIN AT THE FIELD

Player Name: _____ Date of Birth _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (EMT, First Response, E.R).

Family Physician _____ Phone: _____

In case of an Emergency contact:

Name _____ Phone: _____ Relationship _____

Please list any allergies/medical problems/medications currently in use.

I am the parent/guardian of _____, on whose behalf I have submitted the attached application for participation in TOPSoccer. I hereby represent that he/she has my permission to participate in TOPSoccer. I further represent and warrant that to the best of my knowledge and belief, he/she is physically and mentally able to participate in TOPSoccer. I also understand that my child is participating in TOPSoccer at his/her own risk. I do not hold New Jersey Youth Soccer or Independence Soccer Club liable of any injury that may occur.

Parent or Guardian Signature: _____ Date: _____



Program Details

\$25.00 registration fee payable to ISC (Independence Soccer Club)

Players must wear shin guards, and sneakers or cleats.

Please bring a water bottle.

Please indicate the proper shirt size for the participant.

T-shirt size (circle 1)

Youth M L

Adult S M L

Dates for Fall 2010

Sept 11th 10:00 am to 12:00 pm

&

Sept 25th 2:00 pm to 4:00 pm

We are using the Belvidere High School fields. We will meet at the Basketball court behind Oxford St School. (Attached to BHS)

Please send all completed forms and check for payment to

**Christa Orsini
TOPSoccer Coordinator
815 Lopatcong Street
Belvidere, NJ 07823**

If you have any questions please contact me at corsini759@aol.com