



## **“TOPS” IN A BOX**

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Parents dream of creating a life for their child full of happiness, activity and enrichment. TOPSoccer (The Outreach Program for Soccer) was designed with this in mind, and is customized to help parents of children with special needs. For that reason, thank you for your interest in developing a TOPSoccer Program in your area.

TOPSoccer is a community based training and team placement program for young athletes with disabilities. The program is designed to bring the opportunity of learning and playing soccer to any boy or girl who has a mental or physical disability. The New Jersey Youth Soccer / US Youth Soccer TOPSoccer program provides assistance to affiliated organizations with ways to enable players with mental or physical disabilities to play soccer. The emphasis of this program is on development, training, and meaningful participation rather than on competition. Our goal is to enable the thousands of young athletes with disabilities to develop their physical fitness, technical skills, courage, and self-esteem, through the joy and excitement of playing soccer. There are thousands of children with disabilities who need, and can be provided the opportunity to play soccer through TOPSoccer. That opportunity exists for these athletes to achieve, develop and participate according to their individual abilities.

A successful TOPSOCCER program has the following:

- Placement of players by ability not age
- Highlight players' ability rather than their disability
- Make players have a meaningful experience, not just a token player
- Make players achieve desired goals without assistance
- and FUN! FUN! FUN!

Come be a part of our dream. The dream where every child who wants to play can play at his/her own level with players of similar abilities. You can make dreams come true!!! Contact the New Jersey Youth Soccer TOPSoccer chairperson to learn how you can make a difference.

Additional information can be obtained by visiting the US Youth Soccer TOPSoccer site where you can find informative resources such as Parent's Guide and Grant application to start a program in your league.

*"Why do we need TOPSoccer? So that every kid can know the rewards of playing on a team, of trying to score – of being in the game! It brings a sense of accomplishment and sheer joy to kids who otherwise would have to sit on the sidelines. Parents can't praise it enough, the siblings enjoy helping and cheering, the kids' laughter and enthusiasm are infectious – In this program, everyone comes away a winner." - Julie Foudy, US Women's National Team Olympic Gold and Silver Medallist, World Cup Soccer Champion*

For more information please contact NJYS TOPSoccer Coordinator, Megan Saliterman at [TOPSoccerNJYS@gmail.com](mailto:TOPSoccerNJYS@gmail.com).

Sincerely,

Evan Dabby  
New Jersey Youth Soccer  
Executive Director

## BUSINESS NEEDS

The first decision you need to make is whether or not you want to affiliate yourself with a soccer club that already exists or if you want to start your own entity.

If you want to join an existing organization, seek out a local recreational or travel team soccer club that is already a member of the NJYS to see if they will support you in your mission. If they will, you can take advantage of an organization that already has likely achieved 501c3 non-profit status. This will protect you as an individual (because they are already a corporation) and provide both you and your players with insurance coverage.

If you want to start your own entity, we encourage you to follow these steps before you recruit players:

- Register your name with the New Jersey Secretary of State
- Apply for an Employer ID Number (EIN) from the IRS
- Open a checking account (you will need the EIN to do this)
- Develop a constitution and by-laws
- File Articles of Incorporation with New Jersey Secretary of State
- File for 501c3 status with IRS\*

*\*You do not have to be a 501c3 non-profit but it does have advantages when raising funds. However, incorporating does protect the volunteers' financial well-being.*

Once you are established as an entity it is helpful to develop a website so that you have a way for people to find your program and a location to keep important information regarding your program. If you are part of an already established program, having a separate page devoted to TOPSoccer should be a priority.

Consider having business cards for your program available so that they can be handed out when you see players that might benefit from the program.

# SELECTING A LOCATION

Selection a location is probably the most important decision. You will need to determine whether or not you want to play indoors or outdoors or both. There are advantages and disadvantages to both.

## **Outdoors – Advantages:**

Lots of fields to choose from  
Often available for no cost

## **Outdoors – Disadvantages:**

Weather conditions could require cancelling program dates  
Grass fields may be difficult for children with physical disabilities  
Hot weather may put kids at risk for dehydration and sunburn  
Often do not have restrooms nearby

## **Indoors – Advantages:**

Always available despite weather conditions  
Often have bathrooms available and nearby  
Sometimes have storage space available for equipment

## **Indoors – Disadvantages:**

May require rental fees  
May have limited availability due to competing programs

Here are some good ideas on where you can go to secure a location:

- School Districts
- Park Districts
- Churches with Gym space
- Indoor Soccer locations
- Soccer clubs that have their own locations

Be sure to bring some information about your program to give them a good idea what TOPSoccer is all about and you will find that many organizations will donate or waive rental fees for your program.

# EQUIPMENT NEEDS

The basic equipment needs for TOPSoccer are the same needs for most soccer programs:

- First Aid Kit
- Balls (size 5, big, soft, rattle, textured)
- Cones
- Jerseys or T-shirts for players and Buddies
- Pinnies (different colors for players and Buddies)
- Goals (consider iGoals, Pugg or Bownets for their portability and safety)
- Sandbags or anchors for portable goals

There are some adaptive equipment available that works well for TOPSoccer players:

- Rattle balls (great for visually impaired children and Autistic players) available from SCORE
- Pool Noodles (good for moving goal exercises and tag)
- Exercise balls (the large ones used for core workouts) for children in wheelchairs

Anything can be used for equipment. Get creative. Just keep safety in mind.

Some additional equipment is helpful for registering players before the practice/game:

- Portable table
- Portable Chair(s)
- Portable Filing cabinet
- Clip boards
- Deposit wallet (if you collect fees)
- Notepad
- Pens
- Registration Forms

You may want to budget for some small gifts for the players and/or buddies at the end of the season. Certificates, medals and small trophies are reasonably priced. Contact local soccer clubs to see if they have any leftover trophies from seasons past. Many do.

# RECRUITING PLAYERS

Recruiting players can be challenging at first. Do not get frustrated if your program takes some time to develop. Creating awareness of your program never ends. Often, the only way to reach players with disabilities is through word-of-mouth with the parents. If they enjoy the program ask them to bring a friend with a disability to try it out. If you have one player, you have a program. Never stop recruiting players. They will come.

Flyers are essential to spreading the word. Develop a good flyer and have them available both electronically and in paper form. Make sure the flyer contains:

- Description of the program
- Who is eligible to participate
- Date, time and location
- Costs
- Contact information for questions and website address

Some good places to approach for players include:

- School Districts (contact all the school districts within a reasonable driving distance)
- Social Service agencies
- Easter Seals
- Soccer leagues and Clubs (ask them to put a link to your website on their website)
- Physical, Speech and Occupational Therapists (give them some flyers and business cards to hand out to their patients)

Develop relationships at each location and be sure to contact them at least a month before each programming session to promote your program.

Ask your active volunteers to carry some business cards with your contact information and website address in their wallets and purses. When you encounter a family that might benefit from the program, politely introduce yourself give them a card and let them know about the program. Ask them to visit the website at their convenience and contact you if they are interested or have questions. If you are not sure whether or not to approach someone, err on the side of caution.

# RECRUITING BUDDIES

A TOPSoccer “buddy” is an invaluable volunteer who enables TOPSoccer player participation. The buddy helps the player succeed and keeps them as safe as possible during the soccer session. A buddy can be an adult or a teenager. He/she can be a soccer player, someone who works with special needs children or someone who has no soccer experience but a strong desire to enable children to have fun and enjoy the game of soccer.

Most programs feel that recruiting buddies is the easiest part of the program. You will need to reach out to various groups to solicit buddy volunteers and it is recommended that you build a good size “pool” of volunteers as they will not always be available for every session.

It is recommended that your buddies be at least 12 years old while recognizing younger brothers and sisters often do very well.

Good places to recruit buddies include:

- Parents
- Siblings
- High School students (entice them with community service hours)
- College students (especially special education majors)
- Best Buddy organizations
- Soccer players (U13 and up, High School, College) sometimes an entire club will become involved.
- Boy & Girl Scouts

When they participate, consider having a specific color pinnie or t-shirt for the buddies to wear so players always know how to identify the volunteers.

If your volunteer is 18 or older, you must perform a background search prior to them working with the players (see Risk Management section).

## **FUNDING THE PROGRAM**

Some programs charge a fee while others do not. A new program may need to rely on program fees as they begin and then consider moving to a self-funded program at a later date.

Typical fees are between \$20 - \$50 dollars and may or may not include a t-shirt or jersey.

Nearly every program will need to rely on fundraisers to help support the program.

Some good sources of fundraising include:

- Golf tournaments
- Jeans day at work
- T-shirt sales
- Candy sales
- Silent auctions
- Local business sponsors/donors (e.g. pizza parlor)

Look for corporate sponsors that will match funds whenever possible. It doubles your money.

It is helpful to have 501c3 non-profit status to solicit cash donations so that it is tax deductible for the donor. Also, if you collect products or services for an auction, you are more likely to receive a donation with a letter stating that you are a non-profit organization and listing your tax ID number.

Try to reward your sponsors and donors with small gifts like a team photo or taking the team to the pizza place for an end of the season awards celebration.

Some programs rely solely on receiving Grant money but this will require some research to find the grants that your program can qualify for and some expertise in writing grant proposals.



# RISK MANAGEMENT

The safety of players is the top priority. We must ensure a safe place to play soccer. We also need to protect the interests of the program so that it can continue to provide soccer programming for many years to come.

Things that need to be in place before any player steps on the field include:

- A First Aid Kit and an action plan for emergencies
- A fully charged mobile phone
- A completed registration form for each player with emergency contact information
- Properly maintained equipment
- Shinguards for all players
- A background check on each buddy who is 18 or older
- A physician form stating that any player with Downs Syndrome did not test positive for Atlanto-Axial Instability (Players with Positive results should not take part in TOPSoccer at all)
- Medical and Image releases signed by the player's parent or guardian

It is highly recommended that the coaches have the following training:

- USYSA TOPSoccer Training Course
- Basic First Aid
- CPR training
- Heads Up Concussion in Youth Sports training (available online from CDC)

Protect your organization by having comprehensive forms dealing with:

- Player Registration
- Medical and Image waivers
- Buddy Registration (including background check information for buddies 18 or older)
- Lightning Policy
- Parent Manuals
- Buddy Manuals

Keep in mind the following when dealing with special needs children:

- TOPSoccer players may tire more easily and need multiple breaks.
- Certain disabilities are more prone to dehydration. Have frequent water breaks.
- Some skills such as slide tackling and heading are not recommended for this group.
- Some players may be more prone to have balancing issues.
- Parents/Guardians must be present at all times.
- Children with Downs Syndrome should be cleared by their physician for Atlanto-Axial Instability (AAI) which is a life threatening condition.
- Children should never go to the bathroom alone. Find the parent and have them take them.

## FORMATTING PROGRAM SESSIONS

Each program has a different way of providing their curriculum. Here are some of the different ways to format your program.

**Practice/Play:** Spend some of the time practicing skills, work through different exercises and then end the session with intra-squad scrimmage games. This works well for new programs while building a base of players.

**Practices & Games:** If you have a large enough group, have different teams that practice together on some days and play games on different days. This is more like a true soccer league. You need a good amount of players available or multiple TOPSoccer programs in your area in order to use this format.

**Academy Program:** Each session is geared towards developing a specific skill set and all lesson plans are decided upon and shared with the players prior to the beginning of the season. This style is very good with children with mental disabilities who may crave structure and have a hard time dealing with transitions.

**Special Training days:** Some programs have special days where they work on different skills that may or may not be associated directly with soccer (e.g. a day working on speed skills).

**Special events:** Tournaments or Festivals (tournaments where a certain number of games are played with less emphasis on winning games) can be a good way to start and end a season. Trips to High School, College or Professional games are fun and you can usually get on field for something special. Consider a halftime demonstration game or an autograph session before or after the game.

You can choose one format or a combination of any of them. Choose what works best for your organization.

Think about being different and creative. Use what works well for your kids and forget what does not.

## NETWORKING & RESOURCES

In addition to these resources, cultivate relationships with program directors from other TOPSoccer programs in New Jersey and throughout the United States. Attending the annual US Youth Soccer Workshop is a great way to meet other program directors and there are always really good seminars and training sessions dealing specifically with TOPSoccer.

Get to know the people heading up programs near you and look to share information and possibly have some fun games together. For a listing of all the current programs in New Jersey and their contacts that can assist you, check out our web site:

<http://www.njyouthsoccer.com/clubsite/?p=5092>

You can always seek assistance from the following people in Region I:

<b><u>STATE</u></b>	<b><u>CHAIRPERSON(S)</u></b>	<b><u>EMAIL</u></b>
NJYS Director of Coaching	Rick Meana	<a href="mailto:coach@njyouthsoccer.com">coach@njyouthsoccer.com</a>
NJYS TOPSoccer Coordinator	Carol Cordiner	<a href="mailto:njtopsoccer@gmail.com">njtopsoccer@gmail.com</a>
Region I Chair	Ed Demulder	<a href="mailto:emdelder@comcast.net">emdelder@comcast.net</a>
National Chair	Ray Robinson	<a href="mailto:rayrobinson12a@comcast.net">rayrobinson12a@comcast.net</a>

There are several great downloads on the [www.usyouthsoccer.org](http://www.usyouthsoccer.org) website. Be sure to check out the following:

- KIDSAFE brochure on risk management
- Coaching Special needs children
- Parent Guide Brochure
- TOP AAI disclaimer and form
- TOPSoccer Grant information

Soccer Indiana has developed a Coaching Manual that is available to any program in Region II. It is available in English and Spanish [www.soccerindiana.org/programs/topsoccer.aspx](http://www.soccerindiana.org/programs/topsoccer.aspx). It is excellent and contains a six week program example that you can use right away.

## **COORDINATION WITH NJYS STATE OFFICE**

To be a recognized NJYS TOPSoccer Program, it must:

1. register a minimum five (5) Athletes with special needs.
2. have a minimum of one (1) TOPSoccer Coach who has completed the TOPSoccer Coaching Course.
3. enlist at least one (1) TOPSoccer Buddy who has successfully completed the TOPSoccer Buddy Training. (TOPSoccer Buddies should be paired up with no more than two (2) Athletes. In other words, there should be a minimum of two (2) TOPSoccer Buddies and one (1) TOPSoccer Coach to train five (5) TOPSoccer Athletes. The purpose of this strict requirement is for the safety and well-being of all participants.
4. register their Athletes, Buddies and Coaches each year with NJYS.

Recognized TOPSoccer programs will receive:

1. listing on the NJYS website
2. access to relevant and up-to-date information
3. NJYS State Office resources

(Insert Club Name)  
**TOPSoccer Registration – (insert Season, i.e. Fall 2014)**

*SECTION A-Player Information*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Month Day Year

Age: \_\_\_\_\_ Sex (circle): M F Parents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Can we publish your child's photo in the newspaper or on website (circle): Yes No

**Medical:** Does your child have any medical/surgical challenges about which a coach or volunteer should know?

No Yes (If yes, please describe): \_\_\_\_\_

Please tell us about your child's special needs to help us in instruction and coaching: \_\_\_\_\_

**SECTION B-Waiver and Release**

In consideration of my child being allowed to participate in any (insert club) programs, related events & activities, I the undersigned, on behalf of my spouse and our child/ward:

1. Acknowledge and fully understand that each participant will be engaging in activities that may involve serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence, but the actions, inaction, or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue West Morris Soccer Club, its administrators, officers, directors, agents, managers, coaches and other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, from any liability arising out of that participation and will hold all of the harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGN IT VOLUNTARILY.

PARENT or GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**Please submit this form to: (insert)**

**Parents are asked to stay on site during each session. For more information contact (insert info).**

**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 \_\_\_\_\_, "the player") and 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signature of Parent/Legal Guardian/ Player:** \_\_\_\_\_

## TOPSoccer Volunteer (“Buddy”) Sign-Up

### **SECTION A - Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name Month Day Year

Age: \_\_\_\_\_ Sex (circle one): M F E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Are you a returning buddy? (circle) Yes No

Medical: Do you have any medical/surgical problems about which a coach or manager should know?

No Yes (If yes, please describe): \_\_\_\_\_

Please tell us about your experience in playing soccer (for example, 4 years of club travel soccer, or 2 years of high school soccer), and in coaching, if you have any coaching experience. If you have any experience working with children with special needs, please indicate.

**Dates: Buddies are asked to arrive by (time) for every TOPS session. Players will participate from (times). The TOPS program will be on the following (dates). We would like Buddies to commit to attend at least 3 sessions, and we encourage Buddies to attend as many sessions as possible.**

### **SECTION B - Waiver and Release**

In consideration of my child being allowed to participate in any (your club name here) programs, related events & activities, I the undersigned, on behalf of my spouse and our child/ward:

1. Acknowledge and fully understand that each participant will engage in activities that may involve serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence, but the actions, inaction, or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive, discharge and covenant not to sue Mt. Laurel United Soccer Association or Moorestown Friends School, its administrators, officers, directors, agents, managers, coaches and other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, from any liability arising out of that participation and will hold all of the harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGN IT VOLUNTARILY**

PARENT or GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE SUBMIT THIS FORM BY E-MAIL TO: (your contact information here)**

**FOR MORE INFORMATION, CONTACT: (your information here)**



## PLAYER REGISTRATION

### Player Information:

Player's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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 hereby 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: \_\_\_\_\_





## PROGRAM REGISTRATION

Club Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

email: \_\_\_\_\_

TOPSoccer Coach: \_\_\_\_\_

Phone #: \_\_\_\_\_

email: \_\_\_\_\_

*\*\*Please note that a recognized program must have a minimum of one (1) TOPSoccer Coach who has completed the TOPSoccer Coaching Course.*

TOPSoccer Buddy: \_\_\_\_\_

TOPSoccer Buddy: \_\_\_\_\_

*\*\*Please note that a recognized program must enlist at least one (1) TOPSoccer Buddy who has successfully completed the TOPSoccer Buddy Training. TOPSoccer Buddies should be paired up with no more than two (2) Athletes. In other words, there should be a minimum of two (2) TOPSoccer Buddies and one (1) TOPSoccer Coach to train five (5) TOPSoccer Athletes. The purpose of this standard is for the safety and well-being of all participants.*

Player Name: \_\_\_\_\_

Player Name: \_\_\_\_\_

Player Name: \_\_\_\_\_

Player Name: \_\_\_\_\_

Player Name: \_\_\_\_\_

Player Name: \_\_\_\_\_

*\*\*Please note that a recognized NJYS program must register a minimum five (5) Athletes with special needs.*

Club Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MEDICAL RELEASE

**\* PARENTS/GUARDIANS MUST REMAIN AT THE FIELD\***

**Player Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Date of last Tetanus Booster** \_\_\_\_\_

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.

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I am the parent/guarding 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 (insert STATE ASSOCIATION or CLUB) liable of any injury that may occur.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## UNIFORM ORDER FORM

State Association: \_\_\_\_\_

Club Name: \_\_\_\_\_

Players Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Shirt Size (please circle one)

Children's sizes:	4-6	6-8	10-12	14-16
	YXS	YS	YM	YL
Adult Sizes:	AS	AM	AL	AXL

(Insert club name, logo and address)



(Insert Date)

(Addressed To)  
(Street Address)  
(City, State, Zip Code)

Dear (Insert Name),

On behalf of the (Insert Club) Board of Directors, I want to thank you for your donation of (Insert \$ amount) that we received on (Insert Date).

Your generous donation allows us to fulfill our mission of advancing the development of local youth through active participation in the sport of soccer. We endeavor to provide an array of soccer programs ranging from introductory play to highly competitive teams and actively support a culture of sportsmanship, integrity and teamwork.

Sincerely,

(Insert Name)  
(Insert Title)

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## **Coaching Players with Disabilities**

### **Common Disabilities (Defined & Described)**

#### **Attention Deficit Hyperactivity Disorder (ADHD):**

**Definition:** A condition that describes players who display hyperactive behaviors, have difficulty attending to the task at hand, and tend to be impulsive.

#### **Characteristics:**

- Inattention, poor listening skills, and restlessness
- Impulsive
- Hyperactivity
- Onset before age 7
- Inappropriate excessive motor activity

#### **Coaching Strategies:**

- Highly structured environment
- Reduce coaching space
- Control extraneous stimuli
- Larger number of activities, shorter time on each