

Dear TOPSoccer Parents and Players:

It is time to start thinking about our Spring Season of TOPSoccer! We are excited to start our registration and get the season rolling! For those of you that do not know me, My name is Courtney Hayden and I am the TOPSoccer Coordinator for the Kearney Soccer Club. This will be my second season running this program.

Please continue to monitor our TOPSoccer Facebook page as well as the Kearney Soccer Club website through out the season. www.kearneysoccer.org

TOPSoccer will begin Monday, April 1st at Patriot Park. - yes we have an exciting new location!!! Practice will be on the inclusive baseball/soccer turf field. The address is 4511 East 56th Street Kearney, NE 68845. This field will have bleacher seating for families as well a playground for any younger siblings.

SPRING 2019 SCHEDULE

Monday, April 1st
Monday, April 8th
Monday, April 15th
Monday, April 22nd
Monday, April 29th

We are planning to have our **Kearney High School Soccer DREAM BIG event on Tuesday, April 2nd.** More information to come on that!

Again this season, we are registering our players through the Kearney Soccer Club and state association. The \$10 registration fee will go towards the cost of insurance, registrar, state fees. T-shirts, and medals ☺
With this letter is a printed registration form. We would love to have these either mailed back or emailed back. The form is also on our website.

If you have any questions, please contact Courtney Hayden at 308-224-6994 or by email at courtneyhayden2@hotmail.com

We appreciate you sharing your TOPSoccer player with us! We are committed to providing a fun and quality program for you and your soccer player! Help us get the word out about TOPS- pass the word to your TOPSoccer players friends!

GO TOPS!
Courtney Hayden- TOPSoccer Coordinator



TOPSoccer Participant Registration Form

Revised 01/04/2013

About TOPSoccer:

TOPSoccer is specifically for kids with physical or developmental disabilities that may require extra assistance.

The program will provide kids with an extra fun soccer experience in a camp format. With adult supervision, high school and middle school soccer players and college volunteers will teach, assist, and play with TOPSoccer players during drills, contests, and games.

Practices and games are generally conducted 1-2 times per week on Monday, Tuesday, Thursday, or Friday evenings, from 6:30-7:30pm, at West Lincolnway Park.

ATHLETE INFORMATION

Player's Name:			
Parent/Guardian:			
Address:			
City/State/Zip:			
Phone #:		Alternate Phone #:	
Date of Birth:		Mother's Date of Birth:	
Email Address:			
Age:	Sex:	Height:	Weight:

SHIRT SIZE

4	6-8	10-12	14-16	S	M	L	XL
Child				Adult			

EMERGENCY INFORMATION

Person to Contact in Case of Emergency:	
Cell #:	Home #:

PLAYER HEALTH INFORMATION

Down Syndrome?	Yes/No		
Atlantoaxial Instability Evaluation by X-Ray?	Yes (positive) No (negative)		
HISTORY:			
Diabetes	Yes/No	Bleeding problem	Yes/No
Heart problems/Blood pressure elevation	Yes/No	Fainting spells	Yes/No
Seizures	Yes/No	Bone or joint problems	Yes/No
Hearing aid/Hearing problem	Yes/No	Dentures/False teeth	Yes/No
Motor impairment requiring special equip	Yes/No	Special diet needs	Yes/No
Head injury/History of concussion	Yes/No	Recent contagious disease or hepatitis	Yes/No
Heat illness or cold injury	Yes/No		
Kidney problems or loss of function in one	Yes/No		
Vision problems	Yes/No		
Contact lenses/glasses	Yes/No		
Emotional problems	Yes/No		

1. Medical condition of which the coaching staff should be aware:

2. Behavioral information that may help the coaching staff:

3. General athletic ability when compared to non-disabled players of the same age:

4. Why is the player being enrolled in TOPSoccer?

5. Other information you would like us to know about your child:

MEDICATIONS			
Medication Name	Amount	Time Taken	Other Information
Allergies to Medications:			
IMMUNIZATIONS			
Tetanus:	Yes/No	Date of last tetanus shot:	
Polio:	Yes/No		
DOCTOR			
Name:		Phone #:	

By signing the below, I give permission for my child to participate in TOPSoccer:

Parent/Guardian Signature

Date

Send completed form by:

Mail to:
 KSC Registrar
 TOPSoccer
 P.O. Box 904
 Kearney, NE 68848

AGREEMENT TO PARTICIPATE IN TOPSOCCER

I am the parent/guardian of _____ and I wish for my child to participate in youth soccer, and more particularly the TOPSoccer program. In connection with his/her participation, I acknowledge the risk of possible physical harm as a result of his/her participation is increased because of _____ (name of disability) which he/she sustained in the past, and for which he/she has received medical attention. While there is no immediate danger to him/her, I am told that due to his/her disability, strenuous collision type activities, such as soccer, could render him/her more susceptible to future problems than might normally be expected.

We have considered participation in activities other than soccer and reviewed those considerations with my parents and physicians. I have discussed this situation with my child and we understand the potential danger of participating in soccer.

Notwithstanding that my participation in youth soccer constitutes more risk to him/her than it does to other athletes; I nevertheless wish for my child to participate in youth soccer. In making this decision, I am aware of the value of participating in youth sports programs in his/her life and choose to continue his/her participation in order to take advantage of those values. In weighing the risk of potential injury to my child both now and in the future, I wish to exonerate and save harmless TOPSoccer, their agents, servants, and employees, from liability as a result of an injury or death relating to _____ (name of disability) 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 same.

Parent/Guardian Signature

Parent/Guardian (Print Name)

Date

TOPSOCCER PHOTOGRAPHIC RELEASE

With this release, I hereby give my permission for the use of photographs taken by the Greater Nebraska TOPSoccer organization, in advertising or promotion.

It is my understanding that these photographs will be used in accordance with the highest of standards of good taste and advertising ethics, and in consideration of this, I do hereby relinquish ownership and assume full responsibility for any and all repercussions resulting from the publication of this photograph.

Parent/Guardian Signature

Parent/Guardian (Print Name)

Date