

Norwalk Junior Soccer Association

Promoting Soccer for the Youth of Norwalk, CT, for Over 20 Years.



NJSA
P.O. Box 415
Belden Avenue
Norwalk, CT 06852-0415

www.njsa.org

**The Outreach Program for Soccer
TOPSoccer Participant Information Sheet
FILL OUT AND SIGN ALL THREE PAGES!!!**

ATHLETE INFORMATION

Name: _____

Shirt Size: _____ Sex: M / F Date of Birth _____

Address: _____

Phone: _____

Parent or Guardian

Address: _____

Phone: _____

Email address: _____

As a parent or guardian of the above named player, I give my approval for this player to participate in any and all Norwalk Junior Soccer Association's soccer activities. I assume the risks and hazards incidental to such participation, including transportation to and from activities. I hereby release and absolve Norwalk Junior Soccer Association, its President, administrators, Coaches and Assistants, Game officials and other participants from all liability and waive all claims against them in case of injury to my child

Signature of Parent/Guardian _____ Date: _____

PLAYER REGISTRATION FEE: \$20

UNIFORM FEE (for new players or players wishing to purchase a new or additional uniform): **\$30**

Total Enclosed: _____

Please make checks payable to Norwalk Junior Soccer Association

Parents must attend and remain at all sessions.

NJSA Use only:
Amount Received _____ Payment Method _____ Date: _____ By: _____

Norwalk Junior Soccer Association

Promoting Soccer for the Youth of Norwalk, CT, for Over 20 Years.

Dear Parents,

Thank you for your interest and participation in Norwalk Junior Soccer Association's TOPSoccer Program. To provide a fun, challenging, and safe environment for the athletes, we need you to follow these guidelines:



1. All athletes who participate in the TOPSoccer program are required to wear shin guards.
2. Please bring a water bottle.
3. Mentor coverage will be arranged for all athletes who are registered in the program but may change from week to week as this is done on a voluntary basis. Please inform us if your child will not be attending.
4. Please sign your child in with the **on site coordinator** upon your arrival to the field so that she can assign a mentor to him/her right away. This will allow time for the athlete to become familiar with the mentor before we begin activities.
5. Each player should have a parent or adult guardian staying field-side during practice sessions.
6. Notify the coordinator if you and your child must leave before the practice is over.
7. Siblings are welcome at all times but will not be allowed to participate in TOPS' on-the-field activities unless acting as a mentor. All mentors, parent mentors included, need to fill out a Mentor Permission Slip form.
8. Mentors will be given information cards specific to the athlete he/she will be helping. These cards will act as a quick reference for any areas in which your child may need extra assistance. i.e., balance, communication. Please inform us of any special techniques, catch words or phrases, and/or hand signals that may help the staff when assisting your individual child.

If there are any ways that we can better meet the needs of your child please don't hesitate to let us know! Let's have FUN! TOPSoccer!

Norwalk Junior Soccer Association

Promoting Soccer for the Youth of Norwalk, CT, for Over 20 Years.

AGREEMENT TO PARTICIPATE FOR DISABLED ATHLETE

I, _____, wish to participate in youth soccer, and more particularly, the Norwalk Junior Soccer Association's TOPSoccer program. In connection with my participation, I acknowledge the risk of possible physical harm to me as a result of my participation and that the risk is increased because of _____ and for which I have received medical attention.

(name of disability)

While there is no immediate danger to me, I am told that strenuous, collision type activities, such as soccer could render me more susceptible to future problems due to my disability than might normally be expected. I have discussed this situation with my parents and we understand the potential danger of participating in soccer.

Notwithstanding that my participation in youth soccer constitutes more risk to me than it does to other athletes, I nevertheless wish to participate in youth soccer. In making this decision, I am aware of the value of participating in youth sports programs in my life, and choose to continue my participation in order to take advantage of those values. In weighing the risk to myself of potential injury now and in the future, I wish to exonerate and save harmless Norwalk Junior Soccer Association, their agents, servants and employees, from any liability as a result of an injury or death relating to _____ and 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.

I certify that all medical information previously given on form dated _____ has not changed.

Parent or Guardian signature

Participant

Parent or Guardian

Date



NJSA
P.O. Box 415
Belden Avenue
Norwalk, CT 06852-0415

www.njsa.org