



PEMBERTON RECREATION
TOPSoccer – 2016 INDOOR PROGRAM
REGISTRATION FORM

PLEASE PRINT - USE ONE FORM PER PARTICIPANT

TOP Soccer is an inclusive program open to children ages 3-14 with special needs. The program offers modified versions of soccer drills and exercises designed to meet the needs of the individual child. TOP Soccer provides a fun, active soccer environment for children with special needs. It is a positive, self-esteem building program. This program is non-competitive and is designed to be a fun, social experience. The purpose of TOP Soccer is to bring the opportunity of learning and playing soccer to any child who has a mental or physical disability.

PLAYER'S NAME: _____ MALE or FEMALE (Circle One)

AGE: _____ BIRTHDATE: _____ CURRENT GRADE: _____

PARENT'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

PLEASE LIST THE REGISTRANT'S MEDICAL CONDITION/DIAGNOSIS & ANY SPECIAL NEEDS:

ARE YOU INTERESTED IN BECOMING A TOPSoccer BUDDY? YES NO

T-SHIRT SIZE (PLEASE NOTE THAT SOME SHRINKING WILL OCCUR AFTER INITIAL WASH):

- YOUTH SMALL YOUTH MEDIUM YOUTH LARGE YOUTH X-LARGE
ADULT SMALL ADULT MEDIUM ADULT LRG ADULT X-LRG ADULT XX-LRG

I HEREBY GIVE PEMBERTON RECREATION PERMISSION FOR MY CHILD TO APPEAR IN ANY MEDIA COVERAGE THAT IS APPROVED BY THE RECREATION DEPARTMENT: YES NO

(Player's Name) _____ has my permission to participate in all activities of the above registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure services of a physician, to transport me/my child to the nearest medical facility for treatment & try to notify me/my emergency contact. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Pemberton, its supervisors, employees and all program volunteers, as well as other persons connected with Pemberton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date of Payment: _____ Cash: _____ Check Number: _____ Money Order: _____

Received By: _____ Notes: _____