



# Indoor TOPSoccer Program

## INDOOR INTRAMURAL PROGRAM

Dear TOPSoccer Players and Parents,

We will be playing at the Lighthouse Christian Fellowship Church this winter. The indoor season is a fun and fast paced co-ed league where kids can get out some pent up winter energy while learning and enjoying the game of soccer.

**All players will receive a Valley Soccer Club Indoor T-shirt**

## DATES AND TIMES

Sunday afternoons from January 3rd through March 13th

(No games on Sunday, Feb 7<sup>th</sup> – Super Bowl Sunday)

TOP Soccer 2:00-3:00pm

All players **MUST** wear shin guards and sneakers – NO CLEATS

**Lighthouse Christian Fellowship Church**

**2788 Geryville Pike**

**Pennsburg, PA 18073**

# OUTDOOR

## Valley Soccer Club - TOP Soccer Registration Form

DO NOT WRITE IN THIS SECTION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

INTERNAL USE ONLY

### UNIFORM SIZE - Place an X in the box of the size ordered

UNIFORM SIZES	Youth X-Small	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large
Chest	26-28"	30-32"	32-34"	34-36"	36-38"	38-40"	40-42"	44-46"
Waist	18-20"	20-22"	22-24"	24-26"	26-28"	32-34"	36-38"	40-42"
Jersey								
Shorts								

### PARENT OR GUARDIAN INFORMATION

MOTHER \_\_\_\_\_ PHONE \_\_\_\_\_ Address (if different from player) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FATHER \_\_\_\_\_ PHONE \_\_\_\_\_ Address (if different from player) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### Health Information (Please check all that apply to your player)

Add/ADHD	Autism Spectrum Disorder	Down Syndrome	Atlanto-Axial Instabilities
Diabetes	Hearing Impaired	Fainting Spells	Non Verbal, Signs
Heart Problems	Seizure Disorder	Visually Impaired	Hepatitis
Asthma	Mobility Impairment	Bleeding Problems	Emotional Problems
Allergies	Learning Disabilities	High Blood Pressure	Low Blood Pressure

### AIDES USED:

ALLERGIES: \_\_\_\_\_

### MEDICAL EMERGENCY -In case parent or guardian cannot be reached, please contact:

NAME AND RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

PRIMARY HEALTH INSURANCE CARRIER \_\_\_\_\_ Identification # \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT -As parent or guardian of the above registered player, I hereby give my consent for emergency care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent;

USYSA/USSF RELEASE STATEMENT -As parent or guardians of the registrant, a minor, agree that the registrant and I will abide by the bylaws and regulations of the association and it's affiliated organizations (Eastern PA Youth Soccer Assoc., EPYSA and Valley Soccer Club, VSC). Recognizing the possibility of physical injury associated with soccer and in consideration for VSC accepting the registrant for it's programs and activities; I hereby release, discharge and otherwise indemnify these associations, their sponsors, employees and personal, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation, and of being transported to or from the same which transportation I authorized.

Parent/Guardian Signature \_\_\_\_\_ Dated \_\_\_\_\_

Internal Use Only: Amt. Pd. N/A Multiple Player N/A Check # N/A Date \_\_\_\_\_ Age Group TOPS Recv ' d. By \_\_\_\_\_

# Upper Perkiomen Valley TOP Soccer program

## Mission Statement

The Upper Perkiomen TOP Soccer (The Outreach Program for Soccer) program is a joint venture between the Valley Soccer and Upper Perkiomen Pee Wee Soccer Clubs. The goal of the Upper Perk TOP Soccer program is to foster an environment where young athletes with disabilities have the opportunity to learn and enjoy the game of soccer.

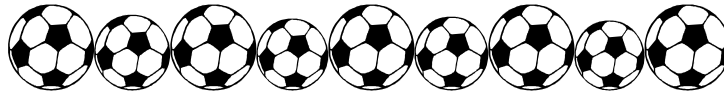
## Program Plan

We are designing the program based on guidelines put forth by US Youth Soccer the national governing body for youth soccer. The program will be offered to boys and girls between the ages of 4 and 19 who have a mental or physical disability. The program will be run by volunteers and include older children who participate in soccer either through one of the community clubs or through the community schools. The hope of the program organizers is to develop a sponsorship and donation program with recurring funds so families will not have to pay to have their child participate.

The Following is a breakdown of how the program will be run:

- The focus of the sessions will be on participation in fun activities designed to explain the fundamentals of soccer.
- Participants will be paired up with volunteers to help with the different activities.
- The program will be run on Sunday afternoons at Camelot Park. Times to be determined.
- The program will run from April through June and September through October.
- Each participant will receive a uniform, soccer ball and participation trophy.
- There will be a picture day where individual and group pictures will be taken for parents to purchase.
- The season will end with a field trip.

## **REGISTRATION WILL REMAIN OPEN THROUGHOUT THE SEASON**



**Registrations can be mailed to:  
Valley Soccer Club - TOPSoccer  
Attn: Kayleigh Durning  
P.O. Box 258  
Red Hill, PA 18076**

**For more information, visit our website [www.valleysoccerclub.org](http://www.valleysoccerclub.org)  
or contact Kayleigh Durning at [kayleighd13@yahoo.com](mailto:kayleighd13@yahoo.com)**