

TOPSoccer

What is TOPSoccer?

TOPSoccer stands for The Outreach Program for Soccer. It is a community based training and team placement program for children with special needs. It is designed to provide meaningful learning, development and physical participation rather than competition.

What is the TOPSoccer Mission Statement?

The TOPSoccer mission statement says that the program is formed “to foster the physical, mental, and emotional growth and development through the sport of soccer at all levels of age and competition. The goal of TOPSoccer is to enable young athletes with disabilities to develop their physical fitness, technical skills, courage and self-esteem, through the joy and excitement of playing soccer.

Is My Child Qualified to Participate in the TOPSoccer Program?

Any person between the ages of three and nineteen who are considered to have a physical or mental disability that limits his/her ability to perform at the level of play he/she has chosen to participate with is qualified for the program.

Where is the TOPSoccer Program located?

There is a TOPSoccer Program located at Deep Run Valley Sports Association. There are also many TOPSoccer Programs throughout different communities available if this program does not suit your needs.

How Do I Register My Child for TOPSoccer?

Registration forms are also available on the internet: <http://www.drsvsa.org> and can be mailed to:

Deep Run Valley Soccer Association
Chrissy Catlett, TOPS Coordinator
P.O. Box 380
Hilltown, PA 18927

If you have any questions about the program you may contact Chrissy Catlett at 215-453-1713 or Deep Run’s clubhouse at 215-822-6037.

The Annual TOPSoccer Program

The Outreach Program for Soccer

Sponsored by Deep Run Valley Sports Association

What is TOPS? TOPS is a community based program designed to introduce special needs kids to the game of soccer through training sessions run by different soccer coaches who work well with children. Teenage volunteers provide a one-on-one buddy system and help the children learn, have fun, and build new friendships.

Where: Deep Run Valley Sports Association in Hilltown Twp.

When: 6 weeks in the fall from 1-2pm on a Sunday afternoon

Who: Special needs children from ages 5-14 may participate in the TOPS program (age exceptions may be made)

Cost: A \$30 registration fee is suggested.

How to sign up: go to: www.drsvsa.org and click on Soccer (TOPSoccer) or contact Chrissy Catlett at 215 – 453- 1713.

TOPS Registration Form

Last Name _____ Child's First Name _____

Date of Birth _____ T-Shirt Size _____

Parents' Names (first and last) _____

Mailing Address (Street): _____

City _____ State _____ Zip Code _____

Telephone Number _____

E-mail address _____

Deep Run Valley Sports Association is asking that you pay a thirty dollar fee that will be used to help fund the TOPS program. This fee is totally optional and we understand if you are not able to do so. Receipts can be made for those requesting them.

Yes, I am able to pay the \$30 fee

No, I am not able to pay the \$30 fee

Agreement to Participate

I, _____, the parent/guardian of _____, wish to have my child participate in the TOPSoccer Program offered by Deep Run Valley Sports Association. In connection with participation, I acknowledge the risk of possible physical harm to my child through this program. While there is no immediate danger, I am told that due to my child's disability, strenuous collision type activities, such as soccer, could render my child more susceptible to future problems than might normally be expected.

I have considered participation in activities other than soccer and reviewed those considerations with my physician. We have discussed this situation and understand the potential danger of participating in soccer. Notwithstanding that participation in youth soccer constitutes more risk to my child than other athletes, I nevertheless wish to have my child participate in youth soccer. In making this decision, I am aware of the value of participating in youth sports programs in my child's life, and choose to continue 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 Deep Run Valley Sports Association, their agents, servant and volunteers, from liability as a result of an injury or death due to my child's participation in the TOPSoccer Program.

Name of Participant

Parent of Guardian Signature

Physician Signature

Date