

TOPSoccer Volunteer Guide

What is TOPSoccer?

TOPSoccer is a community-based program for kids of any age with physical and or intellectual disabilities. Administered by local clubs and/or State Associations under the direction of US Youth Soccer, TOPSoccer provides these special athletes with the opportunity to participate in the sport of soccer in a safe and fun environment. TOPSoccer welcomes players of all abilities and focuses on grouping players by similar skill, talent and ability rather than by age level. This system promotes personal development and makes the experience more fun for all the athletes.

I'm Considering Getting Involved, What Opportunities Exist for Me?

There are many ways to get involved with the TOPSoccer program. Your talents are needed for every aspect of the program from the initial planning stages of setting up a new program to coordinating practices. If you prefer to be out on the field, we are always looking for coaches and buddies. Your help is valuable no matter how you chose to be involved.

What is a Buddy?

A TOPSoccer Buddy is a volunteer over the age of 12 that serves as a partner, mentor and friend to our special athletes as they take the field. He or she can be a same-aged peer, a sibling or an adult that participates. Buddies need no soccer experiences, just a desire to help and have fun with the players.

Why Should I Volunteer?

Kids want to play! These special athletes are just like the rest of us: they want to make friends, have fun and play games like everyone else. On the soccer field they can do all of these things and more, but only with the support of volunteers like you.



TOPSoccer Volunteer ("Buddy") Sign-Up

SECTION A- Information

Name: _____ Date of Birth: _____
Last Name First Name Month Day Year

Today's Date ___/___/___ Age: _____ Gender: M F (circle one) T -shirt size _____ (please list adult or youth)

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

E-Mail: _____

Are you a returning buddy? (circle) Yes No

Medical Information: Do you have any medical/surgical problems that a coach or manager should know about?

No Yes (If yes, please describe)

Please tell us about your experience in playing soccer (for example, 4 years of club travel soccer, or 2 years of high school soccer), and in coaching, if you have any coaching experience. If you have any experience working with children with special needs, please indicate.

Dates: Buddies are asked to arrive by (5:45pm) for every TOPSoccer session. Players will participate from 6-7pm. The TOPSoccer program will be Tuesdays, March 13th-April 24th, 2018. Our goal is for all Buddies to commit to attend every session. We do realize things come up and ask for a 24 hour notice.

SECTION B- Waiver and Release

In consideration of my child being allowed to participate in the TOPSoccer program, related events & activities, I the undersigned, on behalf of my spouse and our child/ward:

1. Acknowledge and fully understand that each participant will be engaging in activities that may involve serious injury, including permanent disability and death, and severe social and economic loses which might result not only from their own actions, inaction, or negligence, but the actions, inaction, or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time.

2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

3. Release, waive, discharge and covenant not to sue Burlington Soccer Club or Burlington Parks and Recreation Department, its administrators, officers, directors, agents, managers, coaches and other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, from any liability arising out of that participation and will hold all of the harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGN IT VOLUNTARILY

4. I give the City of Burlington permission to take my photo for marketing purposes of the TOPSoccer program.

PARENT or GUARDIAN: _____ SIGNATURE: _____
DATE _____

PLEASE SUBMIT THIS FORM TO: Mark Geiger by March 1st, 2018. mgeiger@burlingtonnc.gov., 1333 Overbrook Road or fax it to 336.229.3106

FOR MORE INFORMATION, CONTACT: Mark Geiger, Youth Athletics Supervisor for Burlington Recreation and Parks Department, at 336.222.5030.