



TOPSOCCER
NEW JERSEY
YOUTH SOCCER

RWJBarnabas
HEALTH

TOPSOCCER PROGRAM IDENTIFICATION FORM

NJYS TOPSoccer programs are asked to fill out and return this form to recreation@njyouthsoccer.com in order to register in the 2020-2021 Seasonal Year. Upon completion and review by NJYS, your program will be added to the Program & Events/TOPSoccer page of our website. Courtesy of our partnership with RWJBarnabas Health, registration for TOPSoccer programs and players is free.

Club Name: _____ Contact Name: _____
Phone #: _____ email: _____

1. A NJYS recognized program has a minimum of one (1) TOPSoccer Coach who has completed the TOPSoccer Coaching Course. All coaches should follow the minimum guidelines for risk management. Please see the guidelines for recreation coach and player registration on our [register players and coaches](#) page.
2. A recognized program has at least one (1) TOPSoccer Buddy who has successfully completed the TOPSoccer Buddy Training. TOPSoccer Buddies should be paired up with no more than two (2) Athletes. In other words, there should be a minimum of two (2) TOPSoccer Buddies and one (1) TOPSoccer Coach to train five (5) TOPSoccer Athletes. The purpose of this standard is for the safety and well-being of all participants.
3. A recognized program has a minimum of five (5) registered players with special needs.
4. All participants should be reported to NJYS within 1 week to the start of your program. This will ensure proper insurance coverage for your program. Please see the guidelines for recreation coach and player registration on our [register players and coaches](#) page.

For information about TOPSoccer coaching and Buddy courses and to view the current scheduled courses go the [TOPSoccer page](#) on our website.

Club Representative Signature: _____ Date: _____