



## JAG-ONE Physical Therapy 2019 Comeback Player of The Year Award Nomination Form

**Requirements to Apply:**

- New Jersey Youth Soccer player who has distinguished him/herself by overcoming adversity/injury and returned/excelled beyond expectations as a soccer player.
- Adversity may include not participating in the sport of soccer during previous years, a severe injury or simply performance.

*Complete home address and phone numbers are required. Please TYPE or PRINT LEGIBLY.*

**Nominee's Name:**

\* PRINT nominee's name EXACTLY as it is to appear on the certificate.

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone (area code):**

**School:**

**Club/League:**

**Criteria:**

Responses to each of the following should be kept to a maximum of 400 words per criterion and attached on a separate sheet.

**1. Athletic Excellence (Player):**

Did the player receive a team, league, state, media and/or other recognition awards? Nominee must have returned and demonstrated achievement beyond expectations. Please describe the unique situation.

**2. Severity of Injury/Rehabilitation and/or Reason for Not having Participated:**

A coach, physician, certified athletic trainer or physical therapist must verify the severity of the injury and the time spent in rehabilitation and/or describe the situation that resulted in the player not participating prior or performing poorly.

**3. One Page Essay (Player):**

Applicants must write an essay describing why they believe they should receive this award. The essay is a personal statement. Things to consider are feelings after the injury, set-backs or difficulties during rehabilitation, decision to continue competing and return to practice/competition. Also, consider adding how one overcame adversity, what steps were taken, how this can be a life-lesson etc...

**4. Recommendations:**

Coaches and/or athletic trainers may provide information on how the player dealt with the adversity, rigors experienced, setbacks, player's mental and physical approach.

**Nominator Name:**

**Relation to Nominee:**

**\*Phone (area code):**

**Email:**

**Address:**

**City:**

**State:**

**Zip:**

**Entries for consideration MUST be submitted, along with supporting documents, to [communications@njyouthsoccer.com](mailto:communications@njyouthsoccer.com) by December 17<sup>th</sup>, 2019. Your completed nomination should include only the following:**

- 1) Completed nomination form
  - 2) Information required for each of the 4 criteria
- \*these should be the only documents submitted

The Goal of the Year Award Winner will receive: The Comeback Player of the Year Award Winner, one (1) JAG- ONE Physical Therapy gift basket inclusive of JAG-ONE apparel, four (4) tickets to a 2020 regular season New York Red Bulls home game, an invitation to the NJYS Annual Awards Dinner, presented by RWJ Barnabas Health, on January 31<sup>st</sup>, 2020 and a plaque to commemorate the achievement.