



## Hauppauge Soccer Club

August 2009

Dear Parents and Guardians,

Thank you for your interest and response to the TOPSoccer Program. We are very excited to begin this program here at Hauppauge.

We will be holding an informal meeting September 3, 2009 at 7 pm at the Hauppauge Middle School, to explain the program in depth and answer any questions. You will be able to register your child at this time. Please download the Parent/Guardian Release form and the Medical Certificate specifically for the TOPSoccer Program. In addition, you will be able to register your child online by visiting the Hauppauge Soccer Club Website: <http://www.hauppaguesoccerleague.com/28.html>

We are anticipating beginning the season Sunday, September 13<sup>th</sup>, from 11-12:30 at Forest Brook Elementary. The registration fee is \$75 payable to Hauppauge Soccer and will include a jersey, ball and soccer bag. Shin guards and sneakers/cleats are a requirement.

Please pass this information to anyone who may be interested.

Thank you,

Carmela Zabusky, TOPSoccer Program Coordinator  
[carmelapetite@yahoo.com](mailto:carmelapetite@yahoo.com)

Jill Ottosen, TOPSoccer Program Coordinator  
[jill.ottosen@gmail.com](mailto:jill.ottosen@gmail.com)



# Hauppauge Soccer Club

## Fall 2009-Spring 2010

P.O. Box 5102 Hauppauge, NY 11788

### Application for Participation in TOPSoccer Parent or Guardian Release

Player's Name \_\_\_\_\_  
(Please Print) Last, First

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

I, the undersigned parent and/or legal guardian of the above named applicant (hereinafter referred to as the "Player"), hereby request permission for the Player to participate in the TOPSoccer program.

I represent and warrant to you that the Player is physically and mentally able to participate in TOPSoccer and I submit herewith a subscribed medical certificate.

On behalf of the Player and myself, I acknowledge that the Player will be using facilities at his own risk and I, on my own behalf, hereby release, discharge and indemnify TOPSoccer from all liability for injury to person or damage to property of the Player and myself.

If I am not personally present at TOPSoccer activities in which the Player is to compete, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Player.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Emergency Contacts

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

# (OVER)

# Medical Certificate

I have examined the above named Player and, in my opinion, there is no physical reason why he or she should not participate in the TOPSoccer program. Further information will be forwarded, if required. Special medication and restrictions, if any, are specified on this application.

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Type of Medical Insurance, if any \_\_\_\_\_

Special Medication Required:

---

---

---

---

Restrictions, if any:

---

---

---

---

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_