

Registration Package
Please fill out all forms legibly

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Deptford Soccer Association registration form (Required for each season)

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Medical Release form (not needed if you were carded with Deptford Soccer Association for the Fall Season)

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NJYS Membership Form (not needed if you were carded with Deptford Soccer Association for the Fall Season)

The NJYS Membership form MUST be signed by both players and parent/guardian.

Fees:

Travel Player-\$90.00

Recreational Player-\$60.00

New Teams-

\$120.00 per player (this includes any travel team that was not rostered with Deptford Soccer Association in the Fall season) and wants to utilize our trainers

\$100.00 per player (this includes any travel team that was not rostered with Deptford Soccer Association in the Fall season) and does not wish to utilize our trainers

ALL PLAYERS ON A NEW TEAM MUST PAY THE SAME REGISTRATION FEE- either your team will use the trainers(as a whole) or they will not.



Youth Soccer- Deptford Soccer Association
RETURNING PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

Spring Registration for - **Age: U-_____ Gender - _____** **Travel/Recreational**
Please circle one

Player Information

First Name: _____ **Last Name:** _____
Address: _____ **City:** _____
State: _____ **Zip:** _____

Telephone: (_____) _____ **Alt. Phone** (_____) _____

Date of Birth: ____ / ____ / ____
[Month/Day/Year]

Fall 2007 Team – _____ Fall 2007 Coach – _____

Please list the names of any siblings you plan on registering for the Spring 2008 season. (**MUST** be completed in order to receive the multi-player discount)

REFUND POLICY: Full refunds only if there is not an age appropriate team for your child. Once registered and placed (either on your child’s existing team or on a new team) and you choose to remove child from program, your registration fee will be returned minus a \$25.00 administration fee and any multi-player discount fee, prior to the first scheduled game. There will be no refund after the first scheduled game, whether or not the game is played. All refund requests **MUST** be Emailed to the Registrar at Pegscott06@comcast.net.

Please see next page



I, the parent/guardian of the below named player, a minor, agree that I and the player will abide by the rules and regulations of the USSF, USYS its affiliated organizations including NJYS and its sponsors. In consideration of the player's participation in the soccer programs intending to be legally bound, hereby release and indemnify the USSF, USYS, the owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USSF, USYS, NJYS and their sponsors right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant of in the Programs.

We are faced with the growing concern of keeping our children safe from harms' way. As an organization, we are strongly committed to teaching our children the value of team play and unity, but most importantly keeping them safe. Our children are our #1 priority. Due to the increase in violence in youth sports around our country, Deptford Soccer has established and put into force a "**NO TOLERANCE FOR VIOLENCE**" policy. Such acts as ANY physical or verbal abuse, taunting, foul or obscene language, fighting, arguing with referees, drinking, and/or the use of drugs, absolutely will not be tolerated at ANY activity associated with Deptford Soccer, either at HOME or AWAY. No one is permitted on any playing field except for coaches, referees and the players.

Parents and Guardians are fully responsible for the actions, safety and welfare of their participating and non-participating children, as well as their own actions. Any action deemed unfit in the presence of a child will not be tolerated. Please be advised that any violation of this policy will result in you and/or your child being removed from any and all activities with Deptford Soccer, and with NO REFUNDS.

By signing your name in the space provided below, you understand and recognize our "**NO TOLERANCE FOR VIOLENCE**" Policy.

Name: _____ **Player:** _____
 Print Name of Parent/Guardian Print Player Name

Signature: _____ **Signature:** _____
 Signature of Parent/Legal Guardian Signature of Player

Date: _____ **Date:** _____

Internal Use... AMOUNT \$ _____
Payment Method _____
Check # _____
Multiple Players (Y or N) # _____ @ \$ _____



Medical Release Form

Function: _____

Player's Name: _____ U.S. Citizen Yes _____ No _____

Address: _____

City/State/Zip Code: _____

Birthdate: _____ Sex: _____ ~~Social Security Number: _____~~

Parent's Phone: () _____ Home () _____ Work _____

Emergency phone number other than Parent/Guardian

Name: _____ Phone () _____

Primary Medical Insurance Company: _____

Policy number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilitated utilized for the Programs, against any claim by on or behalf of the registrant's participation in the Programs and/or being transported to or fro the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian _____ Date: _____

Subscribed and sworn to me this _____ Day of _____ 2007

Signature _____ My Commission expires _____

Notary Public



New Jersey Youth Soccer
PLAYER MEMBERSHIP FORM
(Type or Print Legibly)

First Name: _____ **Last Name:** _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____

Date of Birth: _____ **Male:** _____ **Female:** _____
[Month/Day/Year]

League: _____ **League #** _____

Club: _____ **Club #** _____

Team # _____ **Player Pass # NJ8** _____ **Age: U-** _____

IMPORTANT

I, the parent/guardian of the below named player, a minor, agree that I and the player will abide by the rules and regulations of US Soccer, US Youth Soccer its affiliated organizations including New Jersey Youth Soccer and its sponsors. In consideration of the player's participation in the soccer programs intending to be legally bound, hereby release and indemnify the US Soccer, US Youth Soccer, the owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the US Soccer, US Youth Soccer, New Jersey Youth Soccer and their sponsors right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant of in the Programs.

Name: _____
Print Name of Parent/Guardian

Player: _____
Print Player Name

Signature: _____
Signature of Parent/Legal Guardian

Signature: _____
Signature of Player

Date: _____

Date: _____