



New Jersey Youth Soccer- Deptford Soccer Association
RETURNING PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

Spring Travel Registration for - Age: U-____ Gender - ____

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 reverse side



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) # _____ @ \$ _____