



# New Jersey Youth Soccer

## PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: X  
[Month/Day/Year]

League: Jersey Coast Youth Soccer League # 6

Club: Toms River Soccer Association Club # 9267

Team # 8294 Player Pass # NJ9 Age: U- 8

### 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 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 in the Programs.

Name: \_\_\_\_\_ Player: \_\_\_\_\_  
Print Name of Parent/Guardian Print Player Name

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature of Parent/Legal Guardian Signature of Player

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