New Jersey Youth Soccer

PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

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

Address: _____

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

Telephone: (_____)_____

Date of Birth:_____ **Age: U-** _____ **Male:** ____ **Female:** ____
[Month/Day/Year]

League:_____ **League #**_____

Club: _____ **Club #**_____

Team Name: _____ **Pass #** _____

IMPORTANT

I, the parent/guardian of the above 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 it sponsors. In consideration of the player's participation in the soccer programs intending to be legally bound, we hereby release and indemnify US Soccer, US Youth Soccer, New Jersey 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 the 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:** _____