Tewksbury Soccer Club PO Box 209, Califon, NJ 07830					Season Check # Amount
PLAYER INFO	RMATION				
Last			First		Phone
Address					Sex
City			State	Zip	Birthdate
School					Grade
PARENT 1 INF	ORMATION				
Last			First		Phone
Address					Work
City			State	Zip	Cell
Email					
Volunteer	Coaching;	SAGE;	Phone Chain	; Fields;	Snacks; Uniforms; Other
PARENT 2 INF	ORMATION				
Last			First		Phone
Address					Work
City			State	Zip	Cell
Email					
Volunteer	Coaching;	SAGE;	Phone Chain	; Fields;	Snacks; Uniforms; Other
MEDICAL INF	ORMATION				
Physical Limi	itations				
Allergies					
Family Physician				Phone	
Medical Insu	rance				Policy #
					<u>Y.</u> I hereby give my permission to any physician rgery for my child. Please notify:
Name			Relationshi	o	Phone
Name			Relationship		Phone
CONSENT/WAIVE	ER				
member of the spor well as in traveling	t designated above. and other related ac tify that my child is h	l also understa tivities incident	and that there are certaintal to my child's partic	iin risks of injury i ipation, and I am	I approval for my child to participate as a team inherent in the practice and play of this sport, as a willing to assume these risks on behalf of my infirmities that would restrict full participation in
Association, Inc., the employees, coache child or myself as a	ne Tewksbury Socceis, sponsors, supervis	r Club, the Tov ors, and repres ator in the norr	wnship of Tewksbury, sentatives from any ar	and the Tewksb	se and hold harmless the Tewksbury Athletic ury Board of Education: their trustees, officers, ng out of such injury that may be suffered by my nated sport and the activities incidental thereto,
SIGNATURE					
Parent or Gu	ardian				Date



New Jersey Youth Soccer

PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

[Month/Day/Year] League: Club: Team # Player Pass # NJ5	
Date of Birth: [Month/Day/Year] League: Club: Team # Player Pass # NJ5	
League:	Zip:
Club: Player Pass # NJ5	le: Female:
Team # Player Pass # NJ5	League #
	Club #
IMPORTANT	Age: U
IMPORTANT	
I, the parent/guardian of the below named player, a minor, rules and regulations of the USSF, USYS its affiliated organ consideration of the player's participation in the soccer progrelease and indemnify the USSF, USYS, the owners and operand their respective directors, officers, employees, agents and liabilities, damages or causes of action arising out of or in the Programs including, without limitation, player's transportation is hereby authorized. I further grant the USS use the player's name, picture and/or likeness in printed, by Programs provided such use is related to the player's status as	nizations including NJYS and it sponsors. In ograms intending to be legally bound, hereby erators of the facilities used for the Programs and representatives from and against all claims, connection with the player's participation in ansportation to/from any Program, which SF, USYS, NJYS and their sponsors right to broadcast and other material concerning the
Name: Print Name of Parent/Guardian Player	Print Player Name
	Signature of Player



Medical Release Form

T director.	
Player's Name:	U. S. Citizen YesNo
Address:	
City/State/Zip Code:	
	_ Sex: Social Security Number:
	Home (Work
Emergency phone number other than Par	ent/Guardian
Name:	Phone: ()
Primary Medical Insurance Company:	, , , , , , , , , , , , , , , , , , ,
Policy number:	
Known allergies or other pertinent medical	al information:
USYS/USS and its affiliates accepting the "Programs") I hereby release, discharge as organizations and sponsors, their employes fields and facilities utilized for the Programs registrant's participation in the Programs of	jury associated with soccer and in consideration for registrant for its soccer programs and activities (the ind/or otherwise indemnify USYS/USS, its affiliated es and associated personnel, including the owners of ms, against any claim by or on behalf of the and/or being transported to or from the same, which it has received a physical examination by a apable of participating in the Programs.
Therefore, I grant	and/or
	ny child in the area of obtaining medical entistry. I also assume the financial responsibility
Signature of Parent/Guardian:	Date:
subscribed and sworn to me this	Day of 19
lignature My co	ommission expires
Notary Public	

S.A.G.E Sportsmanship Pledge

Kindly sign this pledge after you have seen our video, Kids Come First.

This Pledge summarizes important elements of the youth sports experience and sets out your commitment to Sportsmanship and Fair Play. Signing it is a condition of your participation in the Mid-New Jersey Youth Soccer Association.



Important Information about youth and sports

Kids participate in sports primarily because it's fun. Adults need to keep it fun. Some adults get too emotional about youth sports because they are too concerned about how their kids are doing, have the mistaken belief that winning is very important, or have a desire for glory through their kids' success. That last one is part of the concept of living through your kids.

Kids need to know that if they're trying their best, they are winners. Parents need to remember that their kids will not be great at everything. Recognizing that, parents can help most by relaxing and enjoying these fleeting years.

Placing too much pressure on kids to perform well creates stress that can detract from their fun and can affect their self-esteem. Instructions shouted to players are distracting, usually too late, and sometimes inaccurate or in conflict with what the coach is teaching.

My Pledge to Set A Good Example

I will not be loud or negative towards players, referees, coaches or spectators. I acknowledge that failing to show respect for people who are doing the best they can sets a bad example for our children and can result in my expulsion from the field. If someone else makes an inappropriate comment, I will not make a negative response that could lead to a confrontation. As a player, I should not act in a way that could lead to ejection from a match or embarrassment for my team.

When I coach I will remember that encouragement and praise for every child, not just the best athletes, are critically important to their self-esteem and their ability to achieve the most they can.

I recognize that *striving* to win, rather than winning itself, is what is important in sports and in life. Striving to win means doing the best you can.

I recognize that players must get adequate playing time to improve and gain the confidence that helps them do the best they can. I acknowledge that this is more important than winning games. If I feel that my team lost simply because a player of lesser ability received appropriate playing time, I did the right thing.

I acknowledge that making mistakes and losing are part of life. I pledge that I will be tolerant of the mistakes of players, coaches, referees, and others. I recognize that mistakes are opportunities for learning.

I recognize that within the parameters of competition, sportsmanship and fair play are paramount. I pledge that I will commit to promoting an atmosphere of healthy competition to ensure fun for all participants.

Signed: _		_ Signed:	
	(Circle one: Player, Parent, Coach, Other)		(Circle one: Player, Parent, Coach, Other)
Signed: _		Signed:	
	(Circle one: Player, Parent, Coach, Other)		(Circle one: Player, Parent, Coach, Other)

[**Note**: If a parent is also a coach, that parent should sign as a coach]