



New Jersey Youth Soccer PLAYER MEMBERSHIP FORM

(Please type or print legibly)

First Name: _____ Last Name: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Telephone: (_____) _____

Date of Birth: _____ Age: U- _____ Male: _____ Female: _____
(MM/DD/YY)

League: MCYSA League #: 12

Club: Madison Soccer Club Club #: 9139

Team Name: Madison 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 U.S. Soccer, U.S. 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, we hereby release and indemnify U.S. Soccer, U.S. Youth Soccer, New Jersey Youth Soccer, the owners and operators of the facilities used of 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 U.S. Soccer, U.S. 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: _____
Print name of Parent/Guardian

Player: _____
Print name of Player

Signature: _____
Signature of Parent/Guardian

Signature: _____
Signature of Player

Date: _____

Date: _____