

New Jersey Youth Soccer PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

First Name:	Last Name:	
Address:		
Town:	State:	Zip:
Telephone: ()		
Date of Birth: [Month/Day/Year]	Male:	Female:
League: MNJYSA		League # <u>NJYS</u>
Club: South Brunswick		Club # <u>9233</u>
Team # Player Pass # NJ8		Age: U
I, the parent/guardian of the below named player, a minor regulations of US Soccer, US Youth Soccer its affiliated of sponsors. In consideration of the player's participation in release and indemnify the US Soccer, US Youth Soccer, that their respective directors, officers, employees, agents damages or causes of action arising out of or in connection without limitation, player's transportation to/from any Protection US Soccer, US Youth Soccer, New Jersey Youth Soccer, and/or likeness in printed, broadcast and other material complayer's status as a participant of in the Programs.	organizations includes the soccer program, the owners and operand representative on with the player, which transcer and their spon	uding New Jersey Youth Soccer and it ms intending to be legally bound, hereby berators of the facilities used for the Programs res from and against all claims, liabilities, as participation in the Programs including, asportation is hereby authorized. I further grant sors right to use the player's name, picture
Name:Print Name of Parent/Guardian	Player:	Print Player Name
Signature: Signature of Parent/Legal Guardian	_ Signature:	Signature of Player
Date:	Date:	