



## Pitman Soccer Association Late Sign-up Procedure.

Anyone not registered by May 19<sup>th</sup> will be put on a waiting list and will be placed on a team on an as-needed basis. NO EXCEPTIONS.

Placement will be considered in the order of completed and returned forms.

A notary, photographer, and uniform sizes were available at registration.

To be placed on the waiting list, complete all items below.

- Complete and sign all Registration Forms (parent and player)
- Copy of birth certificate
- NJ Medical form must be notarized
- Enclose a 1 inch by 1 inch portrait headshot on photo paper
- If uniform is required complete Uniform Form (Adidas sizing available online or at sporting goods store)
- Enclose Registration fee of   \$120.00
- Return to   222 Lake Ave Pitman, NJ

You will be contacted regarding possibility of placement.

# FALL 2010 REGISTRATION - PITMAN SOCCER ASSOCIATION

Name

\_\_\_\_\_  
First Name                      Middle Init.                      Last Name

Address

\_\_\_\_\_

\_\_\_\_\_  
Town                                      Zip Code

Birth Date

\_\_\_\_\_

Gender (M/F)

\_\_\_\_\_

School Grade in September 2010

\_\_\_\_\_

If two of your children are in the same division, do you want them on the same team?

***Your main contact information for your child's coach to contact you***

Phone #1.

\_\_\_\_\_

Phone Unlisted?

e-mail address

\_\_\_\_\_ \*\*Please give an email address if possible\*\*

Phone #2.

\_\_\_\_\_

Parent 1

\_\_\_\_\_

Guardians

\_\_\_\_\_

Parent 2

\_\_\_\_\_

\_\_\_\_\_

**Please Read and Sign Below:**

**The Pitman Soccer Association expects all coaches, players, and parents to act in a publicly appropriate manner at all events. All members (adults and players) are to adhere to PSA's code of conducts. At any game, adults will be responsible for paying a fine issued because of their behavior, as determined by the referee or league. In addition, players who continually disrupt the enjoyment of the game for their peers or coaches will be removed from the program without reimbursement.**

Parent/Guardian Signature:

\_\_\_\_\_

## HELP WANTED

PARENTS: The Association needs your help! We need volunteers for the various positions and committees listed below. Your participation is crucial for the Pitman Soccer Association to function in a manner that will truly benefit our children. Please volunteer to help in one of the areas listed

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> As Needed   | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Team Parent                   |
| <input type="checkbox"/> Awards  | <input type="checkbox"/> Field Crew   | <input type="checkbox"/> Data Base                     |
| <input type="checkbox"/> Banquets  | <input type="checkbox"/> Publicity    | <input type="checkbox"/> Other (please specify: _____) |
| <input type="checkbox"/> <b>Coach</b> <input type="checkbox"/> <b>Assist Coach</b> | <input type="checkbox"/> Referee      |  |

PITMAN SOCCER ASSOCIATION USE ONLY - please do not write in this area

Reg Form     Picture     Birth Cert     Med     NJYS     Uniform

Raffle Ticket Numbers \_\_\_\_\_    Total Fee Paid \_\_\_\_\_    Initials \_\_\_\_\_



# New Jersey Youth Soccer PLAYER MEMBERSHIP FORM

[Type or Print Legibly]

First Name: \_\_\_\_\_ Middle Init \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
[Month/Day/Year]

to be completed by PSA	
League: _____	League # _____
Club: <u>Pitman</u>	Club # <u>9203</u>
Team # _____	Player Pass # <u>NJ11</u> Age: U- _____

### 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 the 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 of in the Programs.

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

Player: \_\_\_\_\_  
Print Name of Player

Signature: \_\_\_\_\_  
Signature of Parent/Legal Guardia

Signature: \_\_\_\_\_  
Signature of Player

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

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



# New Jersey Youth Soccer Medical Release Form

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
[First Middle I. Last] [Month/Day/Year]

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information**

Father name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mother name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

In an emergency when parents cannot be reached, please contact  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information**

**Allergies** \_\_\_\_\_

**Other medical conditions** \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PARENT’S APPROVAL AND MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with soccer and in consideration for New Jersey Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the New Jersey Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

*Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_*

Signature: \_\_\_\_\_ My commission expires \_\_\_\_\_  
Notary Public

# FALL 2010 Pitman Soccer Association - Health History Survey -

In the interest of better serving your child, we require that you complete the Health History Survey below. We need to know if your child has, or has had, a problem that might require special attention, and of any special instructions for handling the situation. Note, this form will be given to your child's coach, and it will only be referred to by him/her in conjunction with his/her responsibilities as a soccer coach. Please be advised that we reserve the right to request further information and/or a doctor's permission slip if we feel the circumstances warrant it.

Name \_\_\_\_\_  
First Name Middle Init. Last Name

- |                           |       |                       |       |
|---------------------------|-------|-----------------------|-------|
|                           | check |                       | check |
| Asthma                    | _____ | Hearing Problems      | _____ |
| Bee/Wasp/Insect Allergies | _____ | Heart Murmur          | _____ |
| Congenital Defects        | _____ | Recent Broken Bones   | _____ |
| Convulsions               | _____ | Recent Surgery        | _____ |
| Diabetes                  | _____ | Relevant Learning     | _____ |
| Drug/Other Allergies      | _____ | Problems              | _____ |
| Fainting Spells           | _____ | Tubes in Ears         | _____ |
| Frequent Ear Infections   | _____ | Visual Problems       | _____ |
|                           |       | Other (include below) | _____ |

If you checked any of the above items please explain below. Also, add any special instructions or other related comments/information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's / Guardian's Signature Date

Shin guards are mandatory.  
Mouth guards for braces are strongly recommended  
Sport specs (for glasses) are strongly recommended  
If the Referee permits eyeglasses, the glasses should be secured by a "croakie" type restraint or similar device

**Pitman Soccer Association**  
**Parental Code of Conduct**

I hereby pledge to provide positive support, care and encouragement for each player participating in the PSA soccer program by following this Code of Ethics:

- ❑ You are your child's number one role model! Present the best example of character and behavior at all games and practices.
- ❑ Comments such as "good play" and "nice try" are fine, but do not coach or give tactical advice during games. Allow the coach to coach the team! Be an enthusiastic, positive supporter of the coaches' work during games and practices, by your actions and words.
- ❑ Help the coach aid your player by making certain that your child is on time and properly equipped for all practices and games. If you cannot stay for practices, be sure to pick your player up as soon as practice ends.
- ❑ Support the team, club, and league as they strive to give your child a positive experience. **Volunteer** when you can. Say "thanks" to those who give their free time to the sport of soccer. I will follow the guidelines of the PSA, SJSJL, SJGSL, NJYSA, and USSF.
- ❑ Treat all participants (players, coaches, referees and spectators) with the same respect that you would want for yourself and your child. Verbal abuse will not be tolerated in any shape or form.
- ❑ Learn all you can about the game. Before you attempt to interpret the Laws of the Game, be sure you know and understand them. Referees are there to maintain discipline and fair play. Always accept their decisions without arguing, and help them to help you enjoy the game.
- ❑ Show good sportsmanship by appreciating good play by both teams. Try to meet the parents of the other team. It is much harder to disrespect someone if you know him or her. Remember that without an opponent there can be no game.
- ❑ Teach your child how to be a good sport by encouraging them to be a gracious winner and helping them to find positives in a losing effort. Do not condone violent or dishonest play.

Parent/Guardian Name (printed): \_\_\_\_\_

Player(s) Name: \_\_\_\_\_

I sign this as a representative of the parents/guardians of the above named player(s)

Parent/Guardian Signature: \_\_\_\_\_

**Pitman Soccer Association**  
**Player's Code of Ethics**

While I am playing for a team in the PSA Soccer program, I will abide by the following list of ethics:

- \* I will strive to play to the best of my ability for my teammates and myself.
- \* Good Sportsmanship is a cornerstone of my team attitude.
- \* I will play by the rules.
- \* I will respect the referee.
- \* I will attend every practice and game that I can, prepared physically (water, ball, cleats, shin guards already on) and mentally. I will inform my coach when I cannot.
- \* I will treat my teammates with the same respect I want them to have for me. Always being positive and leaving the teaching and correction to my coaches.
- \* I will listen and learn from my coaches, always showing them respect.
- \* I am responsible for my own actions.
- \* I will not swear or use bad language.
- \* I will do my best in school.
- \* I will be humble in victory and graceful in defeat.

Player's Name (printed): \_\_\_\_\_

Player's Signature: \_\_\_\_\_

