

FALL 2011 REGISTRATION - PITMAN SOCCER ASSOCIATION

Name

First Name Middle Init. Last Name

Address

Address

Town Zip Code

Birth Date _____ Gender (M/F) _____ School Grade in September 2011 _____

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 _____
 Phone #2. _____ **Please give an email address if possible**

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"/> Coach <input type="checkbox"/> Assist Coach | <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: South Jersey _____ League # _____

Club: Pitman _____ Club # 9203

Team Name _____ Player Pass # NJ12 _____ 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: _____ Player: _____
Print Name of Parent/Guardian Print Name of Player

Signature: _____ Signature: _____
Signature of Parent/Legal Guardian Signature of Player

Date: _____

Date: _____

FALL 2011 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

<p style="text-align: right; margin-right: 20px;">check</p> <p style="text-align: right; margin-right: 20px;">Asthma _____</p> <p style="text-align: right; margin-right: 20px;">Bee/Wasp/Insect Allergies _____</p> <p style="text-align: right; margin-right: 20px;">Congenital Defects _____</p> <p style="text-align: right; margin-right: 20px;">Convulsions _____</p> <p style="text-align: right; margin-right: 20px;">Diabetes _____</p> <p style="text-align: right; margin-right: 20px;">Drug/Other Allergies _____</p> <p style="text-align: right; margin-right: 20px;">Fainting Spells _____</p> <p style="text-align: right; margin-right: 20px;">Frequent Ear Infections _____</p>	<p style="text-align: left; margin-left: 20px;">check</p> <p style="text-align: left; margin-left: 20px;">Hearing Problems _____</p> <p style="text-align: left; margin-left: 20px;">Heart Murmur _____</p> <p style="text-align: left; margin-left: 20px;">Recent Broken Bones _____</p> <p style="text-align: left; margin-left: 20px;">Recent Surgery _____</p> <p style="text-align: left; margin-left: 20px;">Relevant Learning _____</p> <p style="text-align: left; margin-left: 20px;">Problems _____</p> <p style="text-align: left; margin-left: 20px;">Tubes in Ears _____</p> <p style="text-align: left; margin-left: 20px;">Visual Problems _____</p> <p style="text-align: left; margin-left: 20px;">Other (include below) _____</p>
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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, SJSL, 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: _____

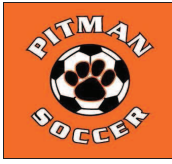
Pitman Soccer Association
Player's Code of Ethics

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: _____



FALL 2011 UNIFORM Form

Name _____
First Name Middle Init. Last Name

Last name as displayed on Jersey _____
Jersey Name

(Please PRINT clearly in CAPITAL letters. Only include "Jr., III, IV," etc. if desired on jersey. First initials will be added for siblings or players with matching last names based on age groups and teams.)

Birth Date _____ Gender (M/F): _____

Your main contact numbers

Phone #1. _____ Phone Unlisted? e-mail address _____

Phone #2. _____

To be completed by PSA Representative

Circle size

JERSEY SIZE - YM YL YXL AS AM AL AXL

Jersey Number _____

SHORT SIZE - YM YL YXL AS AM AL AXL

PSA Rep Initials _____

To be filled out by Parent or Guardian.

I have sized my child for a new PSA Uniform. (Initial)_____

I understand that once the uniform is issued, it will be my responsibility to store and care for until new uniforms are required or this uniform wears out or child grows out of this size, at which time I will be responsible for the cost of uniform replacement (Jersey, Shorts, Socks). (Initial)_____

Parent/Guardian Signature: _____

Date: _____