

**Elizabeth Youth Soccer Club**  
Club # 9553  
P.O. BOX 9565  
ELIZABETH, NJ 07208  
WWW.ELIZABETHSOCCER.COM

**Fall 2011- Spring 2012**

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

In an emergency when parent/guardian cannot be reached, please contact the following:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Bus Phone \_\_\_\_\_  
Medical/Hospital Insurance Company \_\_\_\_\_ Bus Phone \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**Medical Treatment Authorization and Liability Waiver**

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and to be financially responsible for the cost of such treatment. I understand that treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should and individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, Elizabeth Youth Soccer Club, Elizabeth Desportivo, Our Lady of Fatima Church, and Portuguese Instructive Social Club, and associated personnel, including owners of fields, and facilities utilized for the programs against any claim by or on behalf of the soccer player named above as a result of that player's participation in our soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

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

(Relation to player: father, mother, guardian)

**Registration Fees Payable to Clube Desportivo de Jovens:**

ONE CHILD	\$275.00
TWO CHILDREN	\$500.00
THREE CHILDREN	\$725.00
RECREATIONAL	\$ 75.00
GUEST PLAYERS/TOURNAMENT	\$ 25.00 (At discretion of directors)

**AMOUNT PAID \$** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

THE FOLLOWING IS NEEDED 2 WALLET SIZE PICTURES AND 2 COPIES OF BIRTH CERTIFICATE.

THE PARENT/GUARDIAN OF \_\_\_\_\_  
(PLAYER'S NAME)

1. Understands that it is each players obligation to participate in the selling of a fundraiser which will be chosen by the directors.
2. Attend Fall Fundraiser Dinner (Gift will be given to each player that attends dinner)
3. You may choose to "OPT-OUT" and not attend the fall fundraiser dinner and pay additional fee of \$75.00 per player in order to be able to participate in indoor.
4. Should my child receive a red card during the game I will be responsible for the fee of \$100.00 per card.
5. \$75.00 deposit (non-refundable) must be made by June 30, 2011

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(PARENT OR GUARDIAN)

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**COMMITMENT LETTER**

Elizabeth Youth Soccer Club is a year round club program designed to provide all players on every team a competitive level of training and competitive play. Commitment is necessary for the team by both the player and family, so upon accepting your position on the roster; it is important that everyone agrees to and understands the commitment being made to the team for the benefit of all players on the team. Please feel free to talk to the coach directly with any concerns or questions you might have, in advance of accepting a place on the roster.

We recognize that the commitment required for travel soccer is not for everyone, but it is necessary for this team in order to allow players who do wish to move beyond a seasonal recreative commitment to move forward and be challenged. The commitment is to a year round program, with a focus on both the fall, indoor, and spring seasons.

1. When placed on the roster, each player commits to being at all games unless they are ill, injured or have a major and unavoidable family event etc. Tournament play can be an exception assuming the team can get a guest player.
2. While understanding that players will play multiple sports, which may create occasional conflicts, players recognize that the commitment to the team is two weekly soccer practices through the fall and spring seasons.
3. A player's commitment includes attending practices, scrimmages, and all scheduled games. It will also include going to tournaments, and participating in indoor and outdoor training. Parents are expected to support their children in those endeavors. Parents may also be asked to participate in "team oriented fundraising" which must be approved by directors to help alleviate the cost of going to (such) tournaments, training, and for the purchase of (although not necessarily in the same season) ball bags, jackets, and warm-up suits. (Although all U9 and 10 travel team players should receive a fair amount of playing time, the amount of such time shall be earned, based on ability, merit, commitment and attendance as determined by the travel team coaching staff. Note!! All U8 players should play about half the game.

I understand the commitment necessary to be an Elizabeth Youth Soccer Club player, and am committed to the team for the 2011-2012 season.

Parent Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Player Signature: : \_\_\_\_\_ Dated: \_\_\_\_\_