



Clayton Soccer Association Registration Checklist

www.claytonsoccer.net

(856) 512-0272

A TRAVEL AGE PLAYER MUST HAVE ALL THE FOLLOWING COMPLETED BEFORE THEY CAN BE ROSTERED!

CLAYTON SOCCER ASSOCIATION REGISTRATION FORM

NJYS PLAYER REGISTRATION FORM

MEDICAL RELEASE FORM

SPORTS PARENT CODE OF CONDUCT

BIRTH CERTIFICATE

PICTURE

MEDICAL RELEASE NOTARIZED

PAID

ALL DOCUMENTS SIGNED



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PLAYER REGISTRATION:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone: _____

Birth date (month/day/year): _____ Age as of July 31st _____ Circle One: M F

Mother / Guardian: _____

Work Phone: _____ Cell: _____ Cell Carrier (to receive txt messages) _____

Father / Guardian: _____

Work Phone: _____ Cell: _____ Cell Carrier (to receive txt messages) _____

Emergency Contact: _____ Phone: _____ Relation to player: _____

Medical Problems, Conditions, and Allergies: _____

Playing Experience: # of years Micro _____ # of years traveling _____

PARENTAL SUPPORT: We need participation from parents in our program. Circle the areas in which you are willing to help.
 Indicate best way to get a hold of you phone or email (list below):

Coach Asst. Coach Team Parent Field Prep Referee Board Member Concession Stand Sponsor

Registrations fees help keep the Association going by paying for fields (prepping and maintenance), uniforms, etc.

PLEASE MAKE CHECK TO: CLAYTON SOCCER ASSOCIATION

NOTE: FEES MUST ACCOMPANY THE REGISTRATION FORM (S); PLAYER WILL NOT BE ROSTERED UNTIL ALL FEES ARE COLLECTED.

Please be advised that soccer is a contact sport and sometimes injuries do occur.

I/we the parents of the above named child, hereby give my/our permission for said child to participate in any and all league activities. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activities.

I/we do hereby wave, release, absolve, indemnify and agree to hold harmless the Clayton Soccer Assoc., league organizers, sponsors, coaches, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child.

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

I/we give Clayton Soccer Assoc. permission to take and/or use photos of said child for the Clayton Soccer Assoc. website.

_____ Initials

I/we have also read or have been given the opportunity to read the borough of Clayton's Code of Conduct and agree to honor any penalties instituted by the Clayton Parks and Rec. for failure to comply with said Code of Conduct.

_____ Initials

| FOR USE BY CLAYTON SOCCER ASSOCIATION: | | |
|--|---|------------------|
| Received By: _____ | Date Registration & Check Received: _____ | Amount: \$ _____ |
| Name & Date on Check: _____ | Check or Money Order #: _____ | |



New Jersey Youth Soccer

PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

First Name: _____ **Last Name:** _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Telephone: _____

Date of Birth: _____ **Age: U-** _____ **Male:** **Female:** _____
[Month/Day/Year]

League: South Jersey Soccer League **League #** 14

Club: Clayton Soccer Association **Club #** 9043

Team Name: _____ **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 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, we hereby release and indemnify US Soccer, US Youth Soccer, New Jersey 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 US Soccer, US 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: _____ **Player:** _____
Print Name of Parent/Guardian Print Player Name

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

Date: _____ **Date:** _____

SPORT PARENT CODE OF CONDUCT

The essential elements of character building and ethics in sports are embodied in the concept of Sportsmanship and six principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I therefore agree:

1. I will remember that children participate to have fun and that the game is for youths, not adults.
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. I will learn the rules of the game and the policies of the league.
4. I will not force my child to participate in sports.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical wellbeing of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with the coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

X _____
Parents please read and sign this contract