



Date *: _____

New Player Returning Player

Player Info:

SEASON: SPRING FALL

Player Full Legal Name*: _____

Gender*: M F Date of Birth*: _____ Current Age*: _____

School*: _____ Grade*: _____

Players Home Address *: _____

City, Zip*: _____

List of medication or health concerns: _____

Primary Contact Phone*: _____ Receive Text Messages: Yes No

Primary Email Address*: _____

Official Use Only

Age Group:

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Uniform Size (Circle One): YXS YS YM YL AS AM AL AXL

Coach/Team/Friend Request: _____

We cannot guarantee a coach/friend request, which is considered a select team. Team selection is done at random

Parent Initials: _____

We cannot guarantee specific practice day requests. Each coach determines their own practice schedule

Parent Initials: _____

How would you rate your child soccer skills? Beginner For fun With Skill/Strategy

Parent or Legal Guardian Info:

Mothers Name: _____

Month & Day of Birth* _____

Home #: _____

Cell #: _____

Fathers Name: _____

Home #: _____

Cell #: _____

Emergency Contact*: _____

Phone*: _____

Primary Physician*: _____

Phone*: _____

Please select from the below a skill set you are able to perform and volunteer for:

Head Coach (registration fees are waived for head coaches)

- Asst. Coach Team Manager
- Referee (paid position per game if you take the course)
- Field clean up Concessions Board Member/Committee
- Sponsorship Calling Special Projects/Fundraising
- Public Relations Field Preparation (goal set up)
- Other Skill: _____

Picture Received Birth Cert Received

***Required for any new player**

Chk/Cash /CC: _____

Receipt Number*: _____

Accepted by: _____



NEWARK SOCCER CLUB REFUND POLICY

Refunds of registration fees will be issued in accordance with the following guidelines:
(Non-fulfillment of Team/Coach/Friend is NOT a valid reason for a refund)

Date withdrawal request is made	Refund Amount
Up to 1 month before season	\$75.00
Less than 1 month before season	No Refund

Exceptions to this policy are:

- A) **Medical Refund.** A full refund will be issued if a player is unable to participate for medical reasons. To qualify for a medical refund, a note from a physician stating that the player should not participate in soccer must be submitted with the refund request.
- B) **Placement Failure Refund.** A full refund will be issued if the Club is unable to place the player on a team. Placement Failure Refunds result when a player is unable to participate in Club sponsored soccer due to a lack of available space.
- C) **Relocation Refund.** The player relocates to an address outside of a 25 mile radius.

Our coaches are volunteers and not members of the board, thus they cannot accept a refund/withdrawal request. Refund requests must be submitted by email to redirector@newarksoccerclub.org or by submitting a request on our website. Refund requests must include the player's name, the parent/guardian's name, a contact telephone number and an explanation for the request.

PERMISSION TO USE PHOTOGRAPH

The Newark Soccer Club will take pictures of players/parents/coaches throughout the season. Some photos will be used for the newarksoccerclub.org website, Newark Soccer Club Facebook page. These images may so be used for promotional or publicity purposes and may be published in mass media publications. I the undersigned hereby grant the Newark Soccer Club Inc. permission and authority, to reproduce from said photographs, and further consent that reproductions of the photographs may be used for the purpose of illustration, advertising or publication

RETURNED CHECK POLICY

There will be a \$20 returned check fee. If your check is returned to the Newark Soccer Club unpaid your child will not be placed on a team and will be ineligible to participate in game and practices until the registration fee along with the \$20 returned check fee is paid in full. Credit card or cashier's check only will be accepted as payment for a returned check.

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of NSC, U.S. Youth Soccer (USYS), and its affiliated organizations, the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations and US Club and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the NSC, US CLUB, USYS and CYSA Parties (depending on the playing league (named here), the owners and operators or 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 NSC, US CLUB, USYS and CYSA Parties (depending on the playing league (named here)) the right to use 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.

As the parent/legal guardian of the above-named player or player age 18 or over, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of me or my dependent.

CYSA: I understand that if this player has been registered and rostered on a team with any CYSA or US Club league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two diff event CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).

US Club: 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 for injury will be based on the information provided herein. I hereby authorize emergency transportation of the warranted. I recognize the possibility of physical injury associated with soccer and hereby release discharge and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that players participation in the US Club Soccer programs and or begin transported to or from the same, which transpiration I hereby authorize.

By signing below, I certify that I have read the above policies and agree to the terms and conditions

Sign: _____ Date: _____