

# Travel Registration Check List

PO Box 232, Sparta, NJ 07871 www. SpartaSoccer.com

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## **WARNING READ THIS FIRST -- Form and item requirements:**

## **NJYS Player Membership Forms**

- No nicknames Must match legal name on Birth Certificate
- U10 & Up must sign in cursive

## S.A.G.E.

- No nicknames Must match legal name on Birth Certificate
- U10 & Up must sign in cursive
- Parent and player signature required

## **Medical Release Form**

- No notary required
- Include Medical insurance information

### **Photo**

- 1 inch x 1 inch (must fit in box supplied on photo page)
- Portrait (face)
- Must be of good quality
- FIRST AND LAST NAME MUST BE ON BACK OF PHOTO

## **Copy of Birth Certificate**

· Must be of good quality

\*Please make sure all forms are legible\*

You must check off and fill in the following: (This cover page to be supplied with all paperwork)

Check Each Box to verify that all the paperwork required is included and complete per the instructions above.

Birth Year:	Boys/Girls:	
Player Name:		
Fill In:	First	Last
☐ Copy of	Birth Certificate	
☐ Photo P	age	
☐ Medical	l Release Form	
☐ S.A.G.E.		
☐ NJYS Pla	ayer Membership Form	
☐ This Cov	ver Page	

<sup>\*</sup>If forms are not correct or legible, a new form will be needed and then delivered to the SSC Travel Registrar\*



## **New Jersey Youth Soccer**

## PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

First Name:	Last Name:		
Address:			
Town:	State:	Zip:	
<b>Telephone:</b> ()	_		
Date of Birth:  [Month/Day/Year]	Age: U	Male: Female:	
League: MCYSA		League #12	
Club: Sparta Soccer Club		Club #9238	
Team Name:	Pass #		
IMPO	ORTANT		
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 it 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 Player Name	
		·	
Signature:  Signature of Parent/Legal Guardian	Signature:	nature of Player	
Date:	Date:		

# Sportsmanship Pledge

Derience ning it is a sociation.

This Pledge summarizes important elements of the youth sports experience and sets out your commitment to Sportsmanship and Fair Play. Signing it is a condition of your participation in the Morris County Youth Soccer Association.

#### Important Information about youth and sports

Kids participate in sports primarily because it's fun. Adults need to keep it fun. Some adults get too emotional about youth sports because they are too concerned about how their kids are doing, have the mistaken belief that winning is very important, or have a desire for glory through their kids' success. That last one is part of the concept of living through your kids.

Kids need to know that if they're trying their best, they are winners. Parents need to remember that their kids will not be great at everything. Recognizing that, parents can help most by relaxing and enjoying these fleeting years.

Placing too much pressure on kids to perform well creates stress that can detract from their fun and can affect their self-esteem. Instructions shouted to players are distracting, usually too late, and sometimes inaccurate or in conflict with what the coach is teaching.

#### My Pledge to Set A Good Example

I will not be loud or negative towards players, referees, coaches or spectators. I acknowledge that failing to show respect for people who are doing the best they can sets a bad example for our children and can result in my expulsion from the field. If someone else makes an inappropriate comment, I will not make a negative response that could lead to a confrontation. As a player, I should not act in a way that could lead to ejection from a match or embarrassment for my team.

When I coach I will remember that encouragement and praise for every child, not just the best athletes, are critically important to their self-esteem and their ability to achieve the most they can.

I recognize that striving to win, rather than winning itself, is what is important in sports and in life. Striving to win means doing the best you can.

I recognize that players must get playing time to improve and gain the confidence that helps them do the best they can. I acknowledge that this is more important than winning games.

I acknowledge that making mistakes and losing are part of life. I pledge that I will be tolerant of the mistakes of players, coaches, referees, and others. I recognize that mistakes are opportunities for learning.

I recognize that within the parameters of competition, sportsmanship and fair play are paramount. I pledge that I will commit to promoting an atmosphere of healthy competition to ensure fun for all participants.

Signed: _	(Circle one: Player, Parent, Coach, Other)	Signed:	(Circle one: Player, Parent, Coach, Other)
Signed: _	(Circle one: Player, Parent, Coach, Other)	Signed:	(Circle one: Player, Parent, Coach, Other)



## New Jersey Youth Soccer Medical Release Form

Player's Name	Date of Birth	Gender <u>M</u> <u>F</u>
Address	Town	State Zip Code
<b>Contact Information</b>		
Father's Name	Home Phone	Work Phone
	Home Phone	
In an emergency when parents cannot be	pe reached, please contact:	
Name	Home Phone	Work Phone
Medical Information		
Allergies		
Player's Physician	Phone	
Primary Medical Insurance Company		
		Group #
1	PARENT'S APPROVAL AND MEDICAL R	ELEASE
registrant for its soccer programs and Jersey Youth Soccer, its affiliated orga and facilities utilized for the Programs the Programs and/or being transported	activities (the "Programs"), I hereby release, nizations and sponsors, their employees and assagainst any claim by or on behalf of the registre to or from the same, which transportation I here	
Programs. I hereby give my consent t		found physically capable of participating in the icine or dentistry provide my son/daughter with of each assistance and/or treatment.
Signature of Parent or Guar	rdian Date	-



# Photo Requirements

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## **Photo Requirements**

- 1 inch x 1 inch (must fit in box supplied on photo page)
- Portrait (face)
- Must be of good quality
- FIRST AND LAST NAME MUST BE ON BACK OF PHOTO



Place in small zip lock bag or small envelope and staple to this page.

**DO NOT GLUE to this page!** 

Photo Fill In:	First	Last
Player Name:		
Birth Year:	Boys/Girls	s: