



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: _____ League # _____

Club: _____ Club # _____

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: _____



Out of State Player Status Form

Name _____ Pass# _____

Date of Birth _____ Age Group _____ Gender (M/F) _____

Club _____ Team Name _____

State Association _____

When approved by both State Associations, the above named player has permission from New Jersey Youth Soccer to participate in league play on the above named Club/Team.

Required Signatures

Player _____ Date _____

NJYS Registrar _____ Date _____

Other State Official _____ Date _____

Please return a signed copy of this form to the NJYS office

This is the date the transaction takes effect

Instructions to Complete Out of State Registration

1. Enter the player name, date of birth, age group, and gender. NJYS will complete the Pass Number.
2. Enter the name of the club, team name and State Association for which permission to play out of state is being requested.
3. The player must sign and date the form.
4. Submit this form, a completed NJYS *Membership Form**, the signature sticker*, proof of age (e.g. birth certificate), photograph (passport size photo) and \$10 fee to the NJYS office. * - included with this form
5. NJYS will complete this form and player pass. The player pass and two copies of this form will be returned to the player.
6. The player should complete their out of state rostering following the procedures of the out of state association.

The following restrictions apply to players playing out of state:

- U10 and younger players may not play out of state
- The named out of state club/team must have 11 players on their validated roster prior to any New Jersey players being added to the team.

Registration Fee: \$10 Payment: Check Money Order Credit Card

Credit Card Number (Visa or MasterCard Only): _____

Name on Credit Card: _____ Expiration Date: _____

I authorize New Jersey Youth Soccer to charge the registration fee of \$10 to my credit card listed above

Signed: _____ Date: _____

