



JET –SHOOT AND SCORE/Goalkeeping REGISTRATION FORM

NAME _____

AGE _____

ADDRESS (City, State, Zip) _____

MOTHERS NAME AND CELL _____

FATHERS NAME AND CELL _____

MOTHERS EMAIL _____

FATHERS EMAIL _____

MEDICAL CONDITIONS (Allergies, Injuries, Asthma, ETC):

I, the parent/guardian of the below 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, US Club 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 the US Soccer, US Youth Soccer, US Club Soccer, JET, 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, JET, US Club 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: _____
Print Name of Parent/Guardian

Player: _____
Print Player Name

Signature: _____
Signature of Parent/Legal Guardian

Signature: _____
Signature of Player

Date: _____

Date: _____