



## Fall 2011 Registration

The Fall 2011 soccer season will start in September. The Stafford Soccer Club will accept registrations until August 12, 2011. A spot on a team will not be guaranteed after the close of registration. Physical or mentally challenged children are encouraged to play. Register by mail: Complete this form, along with the attached Medical Release form and send along with your check payable to the Stafford Soccer Club to:

**Stafford Soccer Club**  
P.O. Box 164  
Manahawkin, NJ 08050

To hold a spot on a team, the registration form and medical release form must be postmarked by August 12, 2011. First time players **must** submit a photocopy of their birth certificate. Questions regarding registration please email [info@staffordsoccer.net](mailto:info@staffordsoccer.net).

### Carefully read this form and fill out completely.

Childs Name: \_\_\_\_\_ **M / F** (circle one)

Street: \_\_\_\_\_

City: \_\_\_\_\_ NJ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name/Names: \_\_\_\_\_

Circle # of Seasons Played: 1    2    3    4    5    6    7    +

#### Uniform Size (check one)

- YS
- YM
- YL
- AS
- AM
- AL

#### League

Children will be placed in a league based upon their birth date. For the purpose of keeping siblings together in league the SSC will allow, at the parents request, a child with a brother or sister in the higher league to play up provided the younger child's birthday is within four months of the cutoff. No older child will be allowed to play down into a lower league. A younger child could also request for play up for competition or development reasons.

**NO CHILD TOO YOUNG OR OLD WILL BE CONSIDERED TO PLAY**

BIRTHDATE: \_\_\_\_\_

#### Please check appropriate box below:

- |   |         |  |
|---|---------|--|
| <input type="checkbox"/> Intramural     | Open    | [born on or before July 31, 1999]          |
| <input type="checkbox"/> Intermediate 2 | U11-U12 | [born between Aug 1, 1999 - July 31, 2001] |
| <input type="checkbox"/> Intermediate 1 | U9-U10  | [born between Aug 1, 2001 - July 31, 2003] |
| <input type="checkbox"/> Super Clinic   | U7-U8   | [born between Aug 1, 2003 - July 31, 2005] |
| <input type="checkbox"/> Clinic         | U6      | [born between Aug 1, 2005 - July 31, 2006] |
| <input type="checkbox"/> First Touch    | U5      | [born between Aug 1, 2006 - July 31, 2007] |

\*\*\* Birthdates being utilized from Aug. 1 – July 31 are internationally recognized birthdates for soccer and do not correspond directly with school age or grades. For competition purposes and standardized progression through our program these dates need to be utilized over school or grade appropriate dates.

**Costs: First Touch: \$70.00    Clinic: \$70.00    Super Clinic: \$72.50    Intermediate: \$75.00    Intramural: \$40.00**

**NO REFUNDS AFTER ROSTERS ARE FORMED.**

Amount Paid \_\_\_\_\_

#### Volunteers:

The SSC is always in need of parents to coach.

#### Check appropriate box:

I would like to be a head coach and my preferred practice night is: M    T    W    Th    F

\*\*\* Anyone requesting to be a head coach will be given a team only after approval of the SSC Board.

Head coach may request one assistant coach. Name of Assistant: \_\_\_\_\_

I would be willing to be an assistant coach. Name: \_\_\_\_\_

Parents or a responsible adult must provide transportation to and be present at games and practices. Coaches will not allow a child to play if no responsible adult is present. I certify that I have read the above Registration Form and hereby release the Stafford Soccer Club from any liability. I have been made aware of the Stafford Township Code of Conduct and that I have access to read it at [www.staffordsoccer.net](http://www.staffordsoccer.net). I certify that I will read this Code and will abide by it at all Stafford Soccer Club games and events.

Parent/Guardian Signature: \_\_\_\_\_



## Stafford Soccer Club Medical Release Form

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Contact Information

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

In an emergency when parents cannot be reached, please contact:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Medical Information

Allergies \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for Stafford Soccer Club accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Stafford Soccer Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date