

Plainfield Soccer Club, Inc.

P.O. Box 568 Plainfield, N.J. 07061

Mail to address or deliver to Club official.

Amount Pd _____
Ck # _____ or Cash

(FALL 2011 IN-TOWN RECREATION LEAGUE)

FEE*: \$70.00 PER CHILD, \$60.00 FOR EACH ADDITIONAL CHILD (Recreation)

(*covers cost of uniforms, insurance through NJ Youth Soccer Assoc., referees, equipment, end-of-season ceremony)

Last Name: _____ First: _____ Initial: _____

Date of Birth: _____ Sex: **Male** or **Female** (please circle)

Address: _____

City: _____ Zip Code: _____ E-mail: _____

Telephone #: (h) _____ (w) _____ (cell) _____

Emergency Contact Name (if parent cannot be reached) _____

Emergency Contact Phone _____ Relationship to Child _____

Parent(s)/Guardian(s): _____

Size of Uniform: (please circle appropriate size) Youth Size: S M L Adult Size: S M L

EACH FAMILY IS REQUIRED TO CHECK AN AREA IN WHICH THEY CAN HELP

Coach Assistant Coach Team Parent Field Set Up Fundraising Other: _____

PHOTO RELEASE

From time to time members of the Plainfield Soccer Club will take photos of the children playing soccer and post them on the Club Page. Please sign below if you **DO NOT** want photos of your child posted on the Club Page.

NO, I do not authorize the Plainfield Soccer Club to post photographs of my child on the Club Web site.

Signature: _____

Parent/Guardian Medical Release and Consent:

I hereby give permission for any and all medical attention necessary to be administered to my child (named above) in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective for a period of one year from August 1, 2011; I also hereby assume the responsibility for payment for such treatment.

In the event that I cannot be reached, the following are designated to act on my behalf:

Coach Assistant Coach

I recognize that in any athletic activity there is an inherent risk of injury. As the Parent/Guardian, I assume full responsibility for the safety of my child/ward and agree to hold harmless the Plainfield Soccer Club Inc., its Officers, and Coaches for any injury sustained by my child/ward during any game, practice tryout, or any club activity. I also understand that due to the difficulty in honoring the great number of special requests for particular teams or particular children wanting to be on the same team, I will accept the placement of my child on whatever team he/she is assigned. By my signature below, I acknowledge that I fully understand the provisions of the statement.

Signature: _____ Date: _____

For further information please contact:

Ralph Corniffe (908)601-8830
Club President

Dwayne Wilkins (917)207-8800
Club Vice President

Wanda Breitenbach (908)755-8966
Club Treasurer