

Norwalk Junior Soccer Association

NJSA Player Registration Form Spring 2012

Register online at: WWW.NJSA.ORG or fill this form out and mail with check to:

PO Box 415, Belden Station
Norwalk, CT 06852-0415

New Player _____

Returning Player _____

Player Last Name: _____ First Name: _____ Grade _____
Player Date of Birth: _____ Sex: (circle) M F
Street: _____ Town: _____ Zip: _____ Phone: _____

PARENT VOLUNTEERS:

Father will Coach/Assist Coach _____ Mother will Coach/Assist Coach _____

Parent interested in volunteering other _____ (Board position)

Father's Last Name: _____ First: _____

Phone: _____ Email: _____

Mother's Last Name: _____ First: _____

Phone: _____ Email: _____

Division

Fees

Grade

| | | |
|-----------------|----------|------------------------------------------------------|
| World Cup | \$70.00 | Pre-Kindergarten 3-4's Co-ed |
| MLS | \$70.00 | Kindergarten and 1 st Grade Co-ed |
| Italian League | \$100.00 | 2 nd and 3 rd Grade Co-ed |
| English Premier | \$100.00 | 4 th – 6 th Grade Boys / Girls |
| Rec Plus | \$100.00 | 7 th Grade and up Boys/Girls |

New Player Uniform or Replacement Uniform - \$30.00

Yes or No

****REFUNDS** - NJSA has now instituted a no-refunds policy. This includes 3 year olds registered to pre-K Division.

** processing fee included

Emergency Health Form

NJSA Spring 2012 (A Parent Run Organization) Emergency Health Form

In consideration of NJSA granting permission to my child to participate in its soccer program, I hereby waive all claims for damage or loss to my child's person and property which may be caused by any act, or failure to act on the part of NJSA, its Officers, Coaches or Referees. I assume the risk of all dangerous conditions on or about the playing fields and waive any and all specific notice of the existence of such conditions. I give permission for:

(Child's name)

to participate in this soccer program, realizing that such an ability involves the potential for injury which is inherent in all sports.

I UNDERSTAND THAT A PARENT/GUARDIAN IS REQUIRED TO BE AT THE PLAYING FIELD AT ALL TIMES AND THAT SHIN GUARDS ARE MANDATORY FOR ALL PLAYERS.. IF A PARENT/GUARDIAN IS NOT PRESENT PLAYER MAY NOT PLAY.

My child will not be a high school student during the current soccer season. I acknowledge that I have read and fully understand these statements and accept responsibility for paying the cost of athletic injury beyond the limitations of NJSA's liability insurance.

Parent or Guardian's Signature: _____ Date: _____

Medical information you want to have on file: _____

NJSA USE

Amt Paid: _____ Method: _____ Date Received: _____ By: _____