

# JOHNSTON UNITED SOCCER ASSOCIATION

## Recreation Registration Form: 2008 FALL

Check one that applies to the registrant:  New  Returning

Check one:  U-8 (Coed)  U-10 (Boys or Girls)  U-12 (Boys or Girls)  U-14

Registration Fee: \$75 Your child must be 7 years old on or before 7/31/08 to play U-8 soccer

Please make checks payable to **JOHNSTON UNITED SOCCER ASSOCIATION**

Mail registration form to: **PO Box 843, Clayton, NC 27528**

Attach a copy of birth certificate if new to JUSA.

Date of Birth: \_\_\_\_\_ Age As of **8/1/2008** \_\_\_\_\_  
(format MM/DD/YYYY)

|   |  |
|---|--|
| OFFICIAL USE ONLY                       | Rev 1.33   |
| Member ID                               | _____  |
| Address ID                              | _____  |
| Registration ID                         | _____  |
| USYSA:                                  | _____  |
| Team Assigned                           | _____  |
| <input type="checkbox"/> Medical Waiver | <input type="checkbox"/> Birth Cert <input type="checkbox"/> Scanned |
| <input type="checkbox"/> Check # _____  | <input type="checkbox"/> Cash  |
| Date Received: _____                    | Amount: _____  |

Gender: \_\_\_\_\_  
(Male or Female): \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Home Phone Email address (list alternate email address if available) Mobile Phone

\_\_\_\_\_  
Mother's First Name Work Phone Mobile Phone

\_\_\_\_\_  
Father's First Name Work Phone Mobile Phone

Number of year(s) played soccer: \_\_\_\_\_ Last Team or Association: \_\_\_\_\_

School, City: \_\_\_\_\_ Grade: \_\_\_\_\_

List any medical problems or 'N/A' \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Telephone: \_\_\_\_\_

Special request for team assignment:  
(specific coach/team/friend, we will try to accomodate but cannot guarantee) \_\_\_\_\_

UNIFORM \*Shirt Only\* (Circle shirt size): **YXS YS YM YL AS AM AL AX**

### PARENTAL SUPPORT

We are a parent run volunteer organization and seek active participation. Check area(s) in which you would be willing to help

- Coach  Team Manager  Board Member  Referee  Web Developer  Team sponsorship (requires add'l funding)  
 Assistant Coach  Field Preparation  Special Projects  Fund Raising  Other \_\_\_\_\_

### WAIVER/RELEASE OF LIABILITY

I intend to allow my child to participate in Johnston United Soccer Association (JUSA.) I recognize that soccer is a collision sport and that the risk of physical injury is inherent to the sport. I certify that my child is medically sound and physically fit to play soccer. I am aware of and voluntarily assume all risks - regardless of their causes - to my child, including accidental injury caused by the negligence of others, arising from his/her participation in the JUSA and/or its activities, including participation in the sport of soccer. Such risks specifically include, but are not limited to - and I certify that I will make my child aware of - the danger of significant personal injury (including death) associated with soccer goals which may tip over or collapse when used as a device on which to climb, hang, or otherwise play, or when improperly moved or secured. I understand it is not the responsibility of JUSA or its representatives to serve as guardians of my child's safety. I am responsible for my child's protective equipment and the use by my child of protective equipment, including shin guards and mouthpieces and for the condition of his/her cleats if he/she chooses to wear them.

Furthermore, I understand the weather conditions and condition of the playing field can vary and can increase the risk of personal injury. I will note the weather conditions and the condition of the field, and I voluntarily assume all risks to my child arising from such conditions. I will not hold the JUSA or any of its officers, employees, or agents liable in damages for any injuries my child might sustain while participating in the JUSA and any activities or leagues sponsored by it. I hereby release and forever hold harmless JUSA and all of its officers, employees, or agents from any liabilities, claims, damages, or losses arising from or in any way relating to my child's participation in the soccer club. My signature below indicates that I have carefully read the registration form, accurately completed it, and fully understand the Release and Assumption of Risk, which I am voluntarily signing, will bind me, my heirs, and my personal representatives.

\_\_\_\_\_  
Parent/Guardian Signature Date