

Pinelands Soccer Association ~ Recreation Player Registration Form

PSA Hotline: (609) 216-1500

P.O. Box 212 • Tuckerton, NJ 08087

www.PinelandsSoccer.org

Player's LAST Name ▲		Player's FIRST Name ▲		Middle Initial ▲
Primary Street Address ▲		City ▲	NJ	Zip ▲
()				<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Telephone ▲	Email Address ▲	Birth Date (MM/DD/YY) ▲	Age ▲	Gender ▲

My child *has played soccer before* ► YES NO Number of Seasons played ► 1~2 3~4 5~6 7+

My child was registered & played at *PSA Recreation last season* ► YES NO (Needed for insurance purposes)

Shirt Size ► Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Medical & Emergency Contact Information ▼

Volunteer ▼

Mother's Name ▲	()	Business Phone ▲	()	We ask for participation of ALL PARENTS <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Certified Referee <input type="checkbox"/> Sponsor <input type="checkbox"/> Field Preparation <input type="checkbox"/> Other (specify) ▼
Father's Name ▲	()	Business Phone ▲	Cell Phone ▲	
Person to notify in case of emergency ▲		Telephone ▲		
Doctor to notify in case of emergency ▲		Telephone ▲		
Insurance Company ▲		Insurance ID # ▲		

List any allergies, pre-existing medical conditions, and/or current medications *in the spaces below:* ▼

PSA Membership Meetings
 1st Tuesday of each month @ 7:30pm.
 Tip Seaman Pavilion
 ~~~~~  
 Check the Website for the latest PSA News & Events

### Consent for Medical Treatment ▼

### Release & Indemnification ▼

### Refunds ▼

This document gives consent to any hospital or emergency treatment center, doctor, dentist, or qualified employee of same to administer necessary treatment and care. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, and/or to order injection or surgery for my child.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Pinelands Soccer Association ("PSA"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the PSA accepting registrant for its soccer programs and activities ("Programs"), I hereby release, discharge, and/or indemnify the PSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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 same, which transportation I hereby authorize.

Player registration fees **will NOT be refunded** if a player elects not to play after registering.

A PSA voucher may be issued for the following soccer season only.  
**NO EXCEPTIONS!**

Signed:

Signed:

Date:

Date:

Parents - Initial Here ▲

### For PSA Official Use ONLY ▼

Please make checks payable to: **Pinelands Soccer Association**

| Player Fee \$ ▼ | Paid by CHECK # ▼ | Paid by CASH \$ ▼ | Date Received ▼ | Received by ▼ |
|-----------------|-------------------|-------------------|-----------------|---------------|
| \$              |                   | \$                |                 |               |

### Birth Date Verification ▼

- |                                                                                      |                                                                        |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Birth Certificate was presented at registration             | <input type="checkbox"/> Copy of Birth Certificate is on file with PSA |
| <input type="checkbox"/> "PSA Sportsmanship Pledge" signed & original filed with PSA | <input type="checkbox"/> Parent received a copy of both PSA documents  |

# Pinelands Soccer Association



## Parent Sportsmanship Pledge

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, training staff, and referees at every game, practice, or other *PSA* event.
- I will instruct my child to treat all players, coaches, fans, and referees with **respect** regardless of their race, sex, creed, or ability, and will support them by doing the same.
- I will provide **positive support** to the coaches and training staff that work with my child, to ensure an enjoyable and fun experience is had by all.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win the game.
- I promise to have my child at as many practices and games as possible.
- I promise to provide proper supervision to all children I bring to practices and games (including all siblings, relatives, and/or friends).
- I promise to be at all games and practices, or I will make arrangements for another adult to do so. I understand that my child cannot participate without a guardian of legal age present.

I have received a copy of this "**PSA Parent Sportsmanship Pledge**". I have read and fully understand this *Pledge*, and also the **NJ Senate Bill No. 1198**, concerning assaults against coaches, players, and other spectators at youth sporting events.

I recognize that within the parameters of competition, sportsmanship and fair play remain paramount. Therefore, I hereby commit to providing positive support and encouragement for my child by following this "**Pinelands Soccer Association Parent Sportsmanship Pledge**".

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

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

(PLEASE NOTE: If a parent is also a coach, that parent will also be required to submit a signed "**PSA Coach Sportsmanship Pledge**")

# SENATE JUDICIARY COMMITTEE

## STATEMENT TO

### **SENATE, No. 1198**

with committee amendments

# **STATE OF NEW JERSEY**

DATED: MAY 16, 2002

The Senate Judiciary Committee reports favorably and with committee amendments Senate Bill No. 1198.

This bill concerns assaults against coaches, players and other spectators at youth sports events.

The bill in its original form defined a "youth sports event" as a competition, practice or instructional event involving one or more interscholastic sports teams or sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department. The bill creates a new subsection f. in N.J.S.2C:12-1 to clarify that any person who commits a simple assault upon another in the presence of a child under 16

years of age at one of these events would be guilty of a crime of a fourth degree. **A crime of the fourth degree is punishable by a term of imprisonment not to exceed 18 months, a fine of up to \$10,000 or both.** Generally simple assault is a disorderly persons offense.

The new subsection f. being added by the bill is amended to provide for strict liability if a child under 16 years of age is present regardless of the actor's knowledge. The defined term is changed to conform to the phrase used in the bill. Other amendments clarify that the bill addresses youth teams and youth leagues. There is no intent to reach collegiate, semi-pro or professional events. Nor is there any intent to create any liability for a participant or abrogate any available immunities or defenses for participants.