

SOCCER - RECREATION REGISTRATION

**** IT IS IMPORTANT THAT ALL THE INFORMATION IS FILLED OUT ON ALL THE FORMS ****

Please Print Clearly

Participant's Name _____ Date of Birth _____

Participant's Address _____

Sex M _____ F _____ Grade _____ Phone Number _____

E-mail* _____ Cell Number _____

***PLEASE NOTE E-MAIL WILL BE USED TO COMMUNICATE PRACTICE/GAME TIMES AND OTHER SOCCER INFORMATION**

Did you play on a team last season? Y N Comments? _____

Parental Responsibility Agreement

I, _____, agree to the following conditions of Parental Responsibility so my child can participate in a Mt. Arlington program.

*I will visually verify the coach(es) are present when I bring my child to practice or a game before I leave the premises.

*I will pick up my child at the end of a practice/game or arrange for them to be picked up. If I am continually late in picking up my child, I understand that my child may be removed from the team roster.

*I will not expect the coach to transport my child to/from practice or games without prior arrangement with the coach.

*I certify that I am the parent or legal guardian of the participant listed above and that the participant is physically fit to participate in the activity marked above.

*I shall be responsible for ensuring the participant is familiar with and shall follow rules of such activity.

*If required I agree to volunteer and support the activity to ensure the safety and stability of the program.

***I have read and am aware of the CODE OF ETHICS; I will be responsible for my actions and any fines or punishments that are implemented unto me.**

To the best of my knowledge the information listed above is true and accurate.

Parent/Guardian's Signature _____ Date _____

Relationship to Participant _____

VOLUNTEER POSITIONS – Please circle those you are interested in:

Coach	Asst. Coach	Team Mom	Booster Club
Sign-ups	Trophy Coordinator	Uniform Coordinator	Picture Coordinator (Fall)
Party Coordinator	Party Setup/Cleanup	Field Prep / Liner	Equipment Manager
Web Page Coordinator	Concessions (Fireman's)	Concessions Coordinator (MAPs)	

***** For MARA Use Only ***** Received By _____ Date _____

____ Birth Certificate ____ Picture ____ Completed Medical Form ____ Code of Ethics/Travel Form ____ Uniform Order Form

Fee Paid: \$ _____ (circle one) Cash Check Check # _____

Mt. Arlington Recreation Association [MARA] [] League [] Clinic

CODE OF CONDUCT

Please be advised that according to the **State of New Jersey**, the **Mt. Arlington Recreation Commission** and the **Rockaway Valley Soccer League (RVSL)** have implemented a **ZERO TOLERANCE LAW**. Any unruly conduct from players, coaches, parents or spectators will not be tolerated.

New Jersey Law (Assembly No. 446) states:

Any (recreation) sponsored programs must now comply with this law.
It can be found at www.njleg.state.nj.us/2002/Bills/A0500/446_R1.HTM

This law states: (zero tolerance) any unruly players, coaches, parents or spectators that get out of control at a game or practice will be ejected immediately and can not return until they attend an anger management course. A report will be filed with all local police departments, and any town the soccer league is involved with.

In addition, the Rockaway Valley Soccer League (RVSL) will impose a fine, suspension, or termination to any player, coach, parent or spectator if it was determined this person has violated the **NJ State Law** or any of the **Rockaway Valley (RVSL) laws**.

Please sign below that you have read and understand the above policy:

Parent/Guardian's Signature _____ Date _____

TRAVELING SOCCER INFORMATION

PARENTS: The RVSL has a rule about traveling players. No carded players are permitted to play in the RVSL. This league is strictly for recreation. We keep no standings or scores. A player who holds a traveling card must surrender their card in order to play in the RVSL.

Does your child play traveling soccer? Yes _____ No _____

If yes, does your child hold a traveling card for the current or upcoming season? Yes _____ No _____

Your child must surrender his or her traveling card in order to play soccer in the Rockaway Valley Soccer League. Any player who does not surrender their travel card and is found to be a traveling player will be ejected from the RVSL program and will be subjected to any suspension or fine that may be implemented from the RVSL.

I have read and understand the above information regarding traveling soccer.

Please check one:

- My child does not play traveling soccer.*

Child's Name

Parent/Guardian's Signature

- My child does play traveling soccer and I will be responsible for turning over his/her traveling card to the Mt. Arlington Soccer Program. I also understand that my child may not play soccer in the RVSL until the card is surrendered.*

Child's Name

Parent/Guardian's Signature

EMERGENCY TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

As the parent or guardian of _____, a minor, I hereby authorize the medical treatment by a qualified and licensed individual such as a medical doctor or emergency technician in the event of a medical emergency which, in the opinion of the attending physician/technician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This release also permits the transportation of my child by ambulance to a medical facility/hospital for treatment.

Name of Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____

Daytime Phone Number () _____ - _____ Evening Phone Number () _____ - _____

Cell Number () _____ - _____ Alternate Cell Number () _____ - _____

Family Physician _____ Phone Number () _____ - _____

Child's Date of Birth (month, day, year) ____/____/____ Child's Age _____

Indicate specific medical allergies, chronic illnesses, or other conditions coaches and medical personnel should be aware of: _____

List of medications child takes on a regular basis (include frequency medication taken):

Insurance Carrier: _____ Policy Number _____

Other person to contact in case of emergency: _____

Relationship to child: _____

Daytime Phone Number () _____ - _____ Evening Phone Number () _____ - _____

This release is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

This release is granted for the period from ____/____/____ to ____/____/____

Signature _____ Date _____

UNIFORM ORDER FORM

League Players Only

Player's Name _____ Phone Number _____

Season: Fall Spring Year _____

Shirt Size – circle one

Youth small	Youth medium	Youth large
Adult small	Adult medium	Adult large

Shorts Size – circle one

Youth small	Youth medium	Youth large
Adult small	Adult medium	Adult large

Socks Size – circle one

Small	Medium	Large
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***** For MARA Use Only *****

Division _____ Team/Coach _____ Number _____