



WELCOME TO NJ WILDCATS!

You are invited to join the leading competitive soccer club in New Jersey! The ultimate goals of the NJ Wildcats program are to develop our players first, showcase and place our players into top high school and college programs and strive to achieve state, regional and national titles as a result of this development. To that end, the entire **NJWC** organization – players, coaches and parents – must be dedicated in order to progress from contender to winner and from winner to champion. An organization built upon the principles of **UNITY, TRUST, HUMILITY, DISCIPLINE, SUPERIOR EFFORT** and **PRIDE** will ultimately achieve success!

Please use the **Parent Checklist** that is provided in your Player Contract Packet to ensure that all documents are properly completed prior to mailing, faxing, or emailing them to our office. **All forms should be dated after August 1, 2017.**

We welcome you to the NJ Wildcats Family. You have joined a great network of parents, players, coaches, volunteers and staff!

Sincerely,

Kevin T. McDermott
NJWC President/DOC



PARENT CHECKLIST:

- NJWC WAIVER AND CREDIT CARD AUTHORIZATION FORM
- US CLUB SOCCER YOUTH PLAYER REGISTRATION FORM
- NJYS MEMBERSHIP FORM
- NJYS MEDICAL RELEASE FORM
- MNJYSA S.A.G.E. FORM
- NJWC WAIVER FORM
- **1X1 PHOTO (HEAD SHOTS) *DO NOT FAX PHOTO, EMAIL OR MAILING IT IS BEST**
- **COPY OF PLAYER'S BIRTH CERTIFICATE**
- **DATE EVERYTHING AUGUST 1, 2017**
- MAIL OR EMAIL

MAIL:

16 DOREEN DRIVE
OCEANPORT, NJ 07757

EMAIL:

ADMIN@NJWILDCATS.COM

PLEASE CONTACT OUR DIRECTOR OF COACHING KEVIN MCDERMOTT AT KMCDERMOTT@NJWILDCATS.COM WITH ANY QUESTIONS.



Waiver and Credit Card Authorization Form

Name of Parent: _____ Name of Child: _____

Home Address: _____ City/State/Zip: _____

Primary Email: _____ Parent's Cell: _____

Emergency Contact Information:

Name: _____ Relationship to Player: _____

Phone: _____ Cell: _____

Please list all medical conditions and/or allergies we should be aware of: _____

Credit Card/Debit Authorization (Please complete and sign)

Credit Card Type (circle one): VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

I hereby authorize NJ Wildcats to charge my credit card monthly as outlined on our website www.NJwildcats.com

Signature of Parent or Guardian: _____ Date: _____

Payment Agreement & Waiver form (please sign)

ALL payments at NJ Wildcats are done by Credit Card or Debit Card. Fees are charged by credit or debit card on the first of each month as posted on NJwildcats.com under the "Payments, Due Dates, & Payment Method" link. When you join Wildcats you will immediately be charged a \$199 non-refundable commitment fee in addition to your monthly fees. When you commit to Wildcats it is agreed that you are joining from the day you start until July 31st, the last day of that soccer year. The soccer year is defined by us and US Soccer as August 1st to July 31st. If you leave the program you will be charged for all remaining months within this agreement in one lump sum and after that payment is received we will process your release. If you are injured you are still responsible for all months within the agreement. You can make up any lost practices with other teams once you heal up. If you have a long term injury, a long term injury is defined as being out of all sports as directed by a doctor for 6 months or longer, we will suspend your payments but we must replace you with another player so we don't have a shortfall within the team budget. If you want to keep a guaranteed spot on the team you must continue with your payments. Our teams have budgets that must be met so that all team expenses are covered and need full rosters to meet the financial needs of each team whenever possible.

I hereby authorize the staff of Premier Soccer Training Inc., dba NJ Wildcats, dba USP Soccer to act for me according to their best judgment in any emergency requiring medical attention for my child, if I cannot be contacted. In consideration of my acceptance of my child, I hereby for me, my child, their heirs, executors and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, employees, or representatives or their successors and assigns for any and all injuries that may be suffered. I verify that I am parent/legal guardian of the above child and I am over the age of 18 years. I also agree that any photos taken of my child while participating in this activity can be used for marketing and promotional purposes. I attest that my child, while in this activity is in sound condition to participate in this activity.

Signature of Parent or Guardian: _____ Date: _____



YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: _____ City: _____ State: _____
League Name: _____

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

PLAYER'S MEDICAL INFORMATION

Player's Name: _____ Birth Date: _____ Gender: Female Male

Street Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

Parent Name: _____ Home Phone: () _____ Bus Phone: () _____

Email Address: _____ Cell Phone: () _____ Receive texts? Yes No

Parent Name: _____ Home Phone: () _____ Bus Phone: () _____

Email Address: _____ Cell Phone: () _____ Receive texts? Yes No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone 1: () _____ Phone 2: () _____

Name: _____ Phone 1: () _____ Phone 2: () _____

Please list player allergies: _____

Please list other medical conditions: _____

Physician: _____ Phone 1: () _____ Phone 2: () _____

Medical/Hospital Insurance Company: _____ Phone: () _____

Policy Holder's Name: _____ Policy Number: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Date: _____ Relation to player: Father Mother Guardian



New Jersey Youth Soccer
PLAYER MEMBERSHIP FORM

(Type or Print Legibly)

First Name: _____ **Last Name:** _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____

Date of Birth: _____ **Age:** U- _____ **Male:** _____ **Female:** _____
(Month/Day/Year)

League: _____ **League #:** _____

Club: _____ **Club #:** _____

Team Name: _____ **Pos #:** _____

IMPORTANT

I, the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of US Soccer, US Youth Soccer its affiliated organizations including New Jersey Youth Soccer and its sponsors. In consideration of the player's participation in the soccer programs intending to be legally bound, we hereby release and indemnify US Soccer, US Youth Soccer, New Jersey Youth Soccer, the owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant US Soccer, US Youth Soccer, New Jersey Youth Soccer and their sponsors the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____ **Player:** _____
Print Name of Parent/Guardian Print Player Name

Signature: _____ **Signature:** _____
Signature of Parent/Legal Guardian Signature of Player

Date: _____ **Date:** _____



New Jersey Youth Soccer Medical Release Form

Player's Name _____ Date of Birth _____ Gender M F

Address _____ Town _____ State _____ Zip Code _____

Contact Information

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

In an emergency when parents cannot be reached, please contact:

Name _____ Home Phone _____ Work Phone _____

Medical Information

Allergies _____

Other medical conditions _____

Player's Physician _____ Phone _____

Primary Medical Insurance Company _____

Policy Holder _____ Policy # _____ Group # _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for New Jersey Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the New Jersey Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of 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 the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of such assistance and/or treatment.

Signature of Parent or Guardian

Date

6/28/2013

Sportsmanship Pledge



Kindly sign this pledge after you have attended your team sponsored S.A.G.E. team meeting where this pledge and other sportsmanship resources are reviewed. This pledge summarizes important elements of the youth sports experience and sets out your commitment to sportsmanship and fair play. Signing it is a condition of your participation in our league.

Important Information about Youth and Sports

Kids participate in sports primarily because it's fun. Adults need to keep it fun. Some adults get too emotional about youth sports because they are too concerned about how their kids are doing, have the mistaken belief that winning is very important, or have a desire for glory through their kids' success. That last one is part of the concept of living through your kids.

Kids need to know that if they're trying their best, they are winners. Parents need to remember that their kids will not be great at everything. Recognizing that, parents can help most by relaxing and enjoying these fleeting years.

Placing too much pressure on kids to perform well creates stress that can detract from their fun and their performance and can affect their self-esteem. Instructions shouted to players are distracting, usually too late, and sometimes inaccurate or in conflict with what the coach is teaching.

My Pledge to Set a Good Example

Whether I am a player or an adult, I will not be critical of players, referees, coaches or spectators. As an adult, I should know that failing to show respect for people who are doing the best they can sets a bad example for our children and can result in expulsion from the site, suspension from future attendance, and even barring a child from playing. If anyone makes an inappropriate comment, I will not make a negative response and risk a confrontation.

As a player, I should control my negative emotions to avoid embarrassing myself, risking ejection, and risking a loss of respect for my team. I should also realize that my behavior influences younger players.

Coaches should remember that encouragement and praise for every child, not just the best athletes, are critically important to their self-esteem and their ability to achieve the most they can.

I recognize that striving to win, rather than winning itself is what is important in life. Striving to win means doing the best you can. Winning too much means that the teams you're playing are weaker.

I recognize that all players must get adequate playing time to improve and gain the confidence that helps them do the best they can. I acknowledge that this is more important than winning games. If coaches feel that their team lost simply because a player of lesser ability received appropriate playing time, they did the right thing.

As an adult or player, I acknowledge that making mistakes and losing are part of life. We all suffer setbacks. I pledge that I will be tolerant of the mistakes of players, coaches, referees, and others.

Print: _____

Print: _____

Sign: _____
(Circle one: Player, Parent, Coach, Other)

Sign: _____
(Circle one: Player, Parent, Coach, Other)

Print: _____

Print: _____

Sign: _____
(Circle one: Player, Parent, Coach, Other)

Sign: _____
(Circle one: Player, Parent, Coach, Other)

[Note: If a parent is also a coach, that parent should sign as a coach.]



NJ Wildcats
16 Doreen Drive
Oceanport, NJ 07757
732-720-9163

GENERAL INFORMATION:

Name of Parent: _____ Name of Child: _____

Home Address: _____ D.O.B _____

City/State/Zip: _____ Age: _____

Home Phone: _____ Parent's Cell: _____

Email Address: _____

EMERGENCY CONTACT:

Name: _____

Home Phone: _____

Cell Phone: _____

Please list all medical conditions we should be aware of: _____

Guest Player/Discovery Player Acknowledgement:

NJ Wildcats Academy Team Players cannot guest play with any team or play as a discovery player on an ECNL team. This puts our players competing against our teams and may hurt our brand and we cannot have that. If this happens any player involved will be immediately removed from the club.

I Agree Signature Parent/Legal Guardian _____

WAIVER FORM (Please Sign):

I hereby authorize the staff of Premier Soccer Training Inc, dba NJ Wildcats, dba USP Soccer to act for me according to their best judgment in any emergency requiring any medical attention for my child, if I cannot be contacted. In consideration of acceptance of my child, I hereby for myself, my child, their heirs, executors and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employers or representatives of their successors and assigns for any and all injuries that may be suffered.

I certify that I am the parent/legal guardian of _____ and I am over 18 years. I also agree that any photos taken of my child while participating in these activities can be used for marketing and promotional purposes. I attest that my child is in sound condition to participate in all activities.

Signature Parent/Legal Guardian: _____