



## 2019 Fall Soccer Registration

If you want your child to participate, please fill out BOTH sides of this form and mail it, along with a check for: \$80.00 payable to the West Long Branch Sports Association P.O. Box 239 West Long Branch, NJ 07764. (Maximum \$190 per family). Must be postmarked or received by June 15, 2019.

Registration forms must be post marked or received no later than June 15, 2019. Late registration fee is \$80 + \$40 late fee (Maximum \$240 per family) for forms received or post marked after June 15, 2019, and before teams are selected. Any late registrants after teams are selected will be placed on a waiting list for any available openings.

### Program Commissioners

Kindergarten – Alex Canessa alexcanessa@hotmail.com

First and Second Grade – Ray Rubman rubman28@hotmail.com

Third through Eighth Grade - (NMSA Travel League) – Alex Canessa alexcanessa@hotmail.com

**\*PLEASE NOTE:** Based on the number of players/teams, Grades 3 - 8 games may be played in and outside of West Long Branch in local communities. Grade structure may change, but the above leagues are based on last year. If numbers of players, coaches, teams and fields permit, we will keep the league structure the same as last year. K and 1<sup>st</sup>/2<sup>nd</sup> teams will play in-town.

**Games and/or practices may conflict with other activities. The West Long Branch Sports Association cannot issue refunds or credits in the event that children choose to drop out. Practices are on weekdays and games are played on Saturday.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  
School Attending: \_\_\_\_\_ Grade (as of Sept 2019): \_\_\_\_\_  
Uniform Size (YS, YM, YL, AS, AM, AL, AXL): Pants \_\_\_\_\_ Shirt \_\_\_\_\_  
Parents/Guardian Names: \_\_\_\_\_ Phone (required): \_\_\_\_\_  
Address: \_\_\_\_\_ Email (required): \_\_\_\_\_  
Interested in:  Head coach  Assistant  sponsor (\$150)  
Coach Name: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

### **WE ARE LOOKING FOR COACHES AT ALL AGE LEVELS**

The West Long Branch Sports Association requires that all coaches and assistant coaches pass a background check. This check must be completed before practices begin. The WLB Sports Association will pay all costs.

### **WE ARE LOOKING FOR TEAM SPONSORS**

\*\* If you or someone you know is interested in sponsoring a team, please enclose an additional check for \$150 now, and indicate below what sponsor name should be printed on the shirts. All team shirts will have the sponsor name on them.

COMMENTS \_\_\_\_\_

(Please note any conflicts in the space above).

**ENTIRE REGISTRATION AND MEDICAL RELEASE FORM MUST BE COMPLETED AND RETURNED.**



# CODE OF CONDUCT ACKNOWLEDGEMENT

Please sign below to verify that you have read and will abide by the WLBSA Code of Conduct.  
(Code of Conduct can be found on the last page of this form and the website: [www.wlbsports.com](http://www.wlbsports.com).)

\_\_\_\_\_  
NAME    SIGNATURE    DATE

## West Long Branch Sports Association MEDICAL RELEASE FORM

Player Name:	<b>First</b>	<b>Last</b>
Address:		
Date of Birth:	Grade:	Gender: <b>M</b> / <b>F</b>
Mother's Cell Phone	Father's Cell Phone	

Emergency Contacts: (Not a parent)	Name	Phone #

\* I certify that I am the parent or legal guardian of the player named above and give permission for him/her to participate in West Long Branch Soccer Program. I affirm that my child does not have any medical condition that may be aggravated by playing soccer. I understand that there are risks playing any sports activity. In the event of an emergency requiring medical attention, I, the parent/legal guardian, understands that an attempt will be made to contact me or emergency contacts. If I or emergency contacts cannot be reached, I give permission for treatment by a hospital or licensed physician. Any charges associated to injuries are to be submitted by me to my Insurance Company as the primary policy.

PARENT / LEGAL GUARDIAN SIGNATURE:

DATE:

\_\_\_\_\_  
FAMILY PHYSICIAN AND TELEPHONE #:

\_\_\_\_\_  
MEDICATIONS BEING TAKEN:

\_\_\_\_\_  
ALLERGIC TO:

\_\_\_\_\_  
MAJOR MEDICAL INSURANCE COMPANY:

\_\_\_\_\_  
POLICY NUMBER:

\_\_\_\_\_