



WOMEN'S PREMIER SOCCER LEAGUE REGISTRATION



International Transfer Clearances (ITC)

FIFA requires all players over the age of 10, regardless of their ability or citizenship, to receive an international transfer clearance ("ITC") from their former country when they are attempting to register to play soccer in a different country (i.e., the United States). U.S. Soccer is responsible for obtaining that ITC on behalf of all players in the U.S. participating in affiliated leagues.

A player needs an International Transfer Certificate (ITC) if any of the following are true:

- Any player who entered the United States after the age of 10.
- Any player who listed that the last club they participated with belonged to a foreign national association.
- Any player who has had their ITC issued by US Soccer to a foreign association and has not had it re-turned to US Soccer upon their return.
- Any foreign born College player who HAS NOT requested an ITC.

FIFA, however, prohibits the transfer of players between the ages of 10 to 17 (minors) unless the player meets one of two exceptions:

- (a) The player has moved with his/her parents to the U.S. for reasons other than playing soccer (e.g. work)
- or
- (b) The player and prospective club are both located within 30 miles of an international border.

N/A Need Already Sent to US Soccer Date sent (mm/dd/yy) ___/___/___ Cleared

PLAYER BIOGRAPHICAL INFORMATION

Last Name:*		First Name:*	
Mailing Address:	City:	State:	Zip Code:
Email Address:	Phone:	Last Team Played For: (if last played for a foreign team, You MUST fill out an ITC)	
Date of Birth:*	Place of Birth: * (if Other please state)	Citizenship (Country) : * (if Other please state)	
Month Day Year	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	<input type="checkbox"/> USA <input type="checkbox"/> Other: _____	
WPSL Registration Team:*			
TEAM REPRESENTATIVE			
Full Name:*	Email:*	Phone:	Signature:*

READ BEFORE SIGNING

- In consideration of being allowed to participate in any way with the WPSL, its related events and activities, I acknowledge, appreciate, and agree that:
1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS (Name of Organization) their officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
 PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
 (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees's, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date Signed: _____
 PARENT/GUARDIAN'S SIGNATURE (print name)

RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way with (Name of Organization), its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS (Name of Organization) their officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasee's, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE (print name)



NJ Wildcats
 16 Doreen Drive
 Oceanport, NJ 07757
 Phone: (732) 963-9769
 Email: NJWildcats@aol.com
 Website: www.njwildcats.com

TRYOUT REGISTRATION

Club Name - NJ Wildcats **City - Oceanport** **State - NJ**
League Name - WPSL

Player's Signature *Date* *Parent/Guardian Signature (under 18)* *Date*

PLAYER'S MEDICAL INFORMATION

 Player's Name Birth Date
 Street Address City State Zip
 Email Address

 Parent's Name Home Phone () Bus Phone ()
 Parent's Name Home Phone () Bus Phone ()

In an emergency when parent/guardian cannot be reached, please contact the following:
 Name Home Phone () Bus Phone ()
 Name Home Phone () Bus Phone ()

 Allergies
 Other Medical Conditions

 Physician Home Phone () Bus Phone ()
 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, NJ Wildcats, USL, W-League, USP Soccer, Kevin McDermott, 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 NJ Wildcats, USP Soccer, USL, and/or W-League programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ **Date** _____
 (Player must sign over 18, Parent & Player must sign under 18)



This form should be submitted to your home team's Club.
This form must be retained by the club for at least five (5) years.

ADULT PLAYER REGISTRATION FORM

League Name _____

Club Name _____

Team Name _____

City _____

State _____

I hereby consent to the above-named club registering me with US Club Soccer. [Note: it will not be necessary to complete this form again as long as I am with the same club or team unless the information below changes].

Player's Signature

Date

PLAYER'S INFORMATION

Player's Name: _____

Birth Date: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone : () _____

Cell Phone: () _____

Other Phone: () _____

Driver's License #: _____

State: _____

Email: _____

Please list any allergies or other medical conditions: _____

In an emergency, please contact the following:

Name _____

Home Phone: () _____

Cell Phone: () _____

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, US Club Soccer, their sponsors, the USSF and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in US Club Soccer programs and competitions.

I understand that my organization has chosen to cover me with optional secondary accident medical insurance, but the coverage is not effective until a roster with player information has been submitted to US Club Soccer, and the insurance premium has been paid. I understand I am also covered with the same liability insurance coverage afforded all other members of, and players and staff registered with, US Club Soccer.

Player's Signature _____ *Date* _____

NOTE: Any youth players (U-19 or younger) competing on an adult team must submit proof of birth and parent/legal guardian signature on this form.

I, _____ [print name] give my approval for the youth player named on this form to compete on an adult team.

Parent's Signature (if necessary) _____ *Date* _____



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: _____

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 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: _____ 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: _____