



## South Jersey Elite Barons Youth Development Program Registration Form

Please place an 'x' at the end of the program row that you are registering your child for.

Make Checks Payable to : **"SJ Elite Barons"** and Mail to: **Donna Chladek, 4 Minsink Trail, Shamong, NJ, 08088.**

Program Type	Ages	Venue	Cost	Tick Box
Gold Level	U9 - U10 (7/31/02 - 8/1/00)	Mantua	\$175	
Silver Level	U7 - U8 (7/31/04 - 8/1/02)	Mantua	\$175	
Bronze Level	U5 - U6 (7/31/06 - 8/1/04)	Mantua	\$175	
Gold Level	U9 - U10 (7/31/02 - 8/1/00)	Turf Farm	\$175	
Silver Level	U7 - U8 (7/31/04 - 8/1/02)	Turf Farm	\$175	
Bronze Level	U5 - U6 (7/31/06 - 8/1/04)	Turf Farm	\$175	

Player Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Mother Cell: \_\_\_\_\_

Father Cell: \_\_\_\_\_

D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

### **Medical Release Statement**

I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the South Jersey Elite Barons SC (SJEB) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for SJEB accepting the registrant for its soccer programs and activities (The Programs), I hereby release, discharge and/or otherwise indemnify SJEB and its affiliated organizations and sponsors, their employees and associated personnel, including the owners 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 game, tryout, scrimmage, event or group practice which transportation I hereby authorize.

### **Consent for Medical Treatment (Minor)**

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care provided by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_