



JET/GAK Goalie Registration Form 2025

PLAYER(S) NAME AND AGE _____

PARENT/GUARDIAN NAME AND NUMBER: _____

EMAIL: _____

MEDICAL CONDITIONS (Allergies, Injuries, Asthma, ETC):

I give permission for JET and/or GAK 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 of Player(s): _____

Signature of Parent/Guardian: _____

I, the Parent/Guardian of the registrant, a minor, hereby consent and allow the participation of the registrant in the JET and GAK goalie program at the German American Kickers Club in Yardville, NJ. I agree that I the registrant will abide by the rules of USSF, USYSA, NJ Youth Soccer, US Club Soccer and their affiliated organizations, JET LLC, and the German American Kickers Club. I recognize the possibility of physical injury associated with soccer to the registrant and in consideration for JET accepting the registrant for participation in its programs, I for myself and the registrant hereby release, discharge, indemnify and hold harmless JET, GAK, USSF, USYSA, NJ Youth Soccer, US Club Soccer, Yardville Twp, and their affiliated organizations and sponsors, their employees and agents, against any claim by or on behalf of myself or the registrant resulting from the registrant's participation in the program. I further affirm and agree that I or another adult responsible for the registrant shall be available in the event medical treatment for the registrant becomes necessary in the event of an injury during the session. I further authorize any coach or trainer of JET and/or GAK to seek medical treatment for the registrant in the event of an injury during the session when I or another parent or guardian of the registrant is not present and cannot be promptly contacted to authorize such treatment. I accept full financial responsibility for any such necessary medical treatment.

Name: _____
Print Name of Parent/Guardian

Date: _____

Signature: _____
Signature of Parent/Legal Guardian