



Kai's Kickers Registration Form

PLAYER(S) NAME AND AGE _____

PARENT/GUARDIAN NAME _____

CELL NUMBER _____

EMAIL: _____

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

____ I give permission for JET and/or GAK to use the player's picture but no name to be used in printed, broadcast and other materials concerning the programs provided such use is related to the player's status as a participant in the programs.

____ I do not give permission to JET and/or GAK to use the player's picture or name in any printed or broadcast materials.

I, the Parent/Guardian of the registrant, a minor, hereby consent and allow the participation of the registrant in the JET Soccer program, Kai's Kickers, at the German American Society located at 215 Uncle Pete's Rd, Trenton NJ 08691. I agree that both myself and 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 Society. 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, German American Society, USSF, USYSA, NJ Youth Soccer, and US Club Soccer, 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 present at all times of participation by registrant, and shall be available in the event medical treatment for the registrant becomes necessary in the event of an injury during competition. I further authorize any coach or trainer of JET to seek medical treatment for the registrant in the event of an injury during competition 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: _____ **Date:** _____

Print Name of Parent/Guardian

Signature: _____

Signature of Parent/Legal Guardian

Send check for Kai's Kickers Sessions, to "JET" to 166 Burnet Crescent Robbinsville NJ 08691