



New Jersey Youth Soccer
NON-VOLUNTEER MEMBERSHIP FORM
Paid Coaches and Trainers
(Type or Print Legibly)

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____ **Phone:** _____

Email Address: _____

Coach Pass # NV _____ **Coach License Level:** _____ **Certificate of Insurance Provided**
[attach copy of license] [attach copy of employer's certificate]

Employers: _____
(List all leagues, clubs and teams – attach sheet if necessary)

NJYS insurance required →→→ **fee \$200.00** **cash** _____ **check #** _____

IMPORTANT

I will abide by the rules and regulations of the USSF, USYS, NJYS its affiliated organizations and its sponsors. In consideration of the my participation in the soccer programs intending to be legally bound, hereby release and indemnify the USSF, USYS, NJYS the owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the my participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USSF, USYS, NJYS and their sponsors the right to use my 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 of in the Programs.

Name: _____ **Date:** _____
Print

Signature: _____

This form can only be completed at the NJYS Office