LONG ISLAND JUNIOR SOCCER LEAGUE, INC.
SELECT PLAYER DEVELOPMENTAL PROGRAM

PLAYER INFORMATION FORM

ATTACH PHOTO HERE

SELECT AGE GROUP: U_____BOYS:_____GIRLS:_____

LAST NAME:_____FIRST NAME:_____

ADDRESS:_____

TOWN:_____STATE:_____ZIP:_____

HOME PHONE:(____)_____DAY TIME CONTACT PHONE:(____)_____

DATE OF BIRTH:_____EMAIL ADDRESS:_____

CLUB PLAYING FOR:_____TEAM NAME:_____

MOTHERS NAME:_____

FATHERS NAME:_____

NAME OF SCHOOL:_____GRADE:_____

EMERGENCY CONTACT NAME:_____RELATIONSHIP_____

EMERGENCY PHONE NUMBER:_____

EMAIL:_____

PLAYER'S CONTRACT

I HAVE READ THE PLAYER CONTRACT AND FULLY UNDERSTAND ALL ASPECTS. I HAVE TAKEN TIME TO CONSIDER MY PARTICIPATION IN THE PROGRAM AND I AGREE TO ABIDE BY ALL RESPONSIBILTIES NOTED IN THE PLAYER CONTRACT. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN MY DISMISSAL FROM THE PROGRAM.

PLAYER'S SIGNATURE_____***DATE:***_____

PARENT'S CONTRACT

I HAVE READ THE PLAYER'S AND PARENT'S CONTRACT AND DISCUSSED OUR FAMILY'S PARTICIPATION IN THE PROGRAM WITH MY SON/DAUGHTER. I FULLY UNDERSTAND AND SUPPORT ALL ASPECTS AND RESPONSIBILTIES STATED IN THE CONTRACT. I UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN MY CHILD'S DISMISSAL FROM THE PROGRAM.

PARENT'S SIGNATURE_____***DATE:***_____

Rev. 5-6-2011

LONG ISLAND JUNIOR SOCCER LEAGUE, INC.
SELECT PLAYER DEVELOPMENT PROGRAM (PDP)

PLAYER / PARENT CONTRACT

Your selection as a LIJSL Select PDP player brings with it a number of responsibilities for parents and player. You and your family should evaluate these responsibilities very carefully before you agree, sign and return the contract.

We require that you treat the honor of representing the LIJSL at the Select PDP level with the respect it deserves. Please remember at all times, as a representative of our program, you have now become a role model for other players to aspire.

PLAYER CONTRACT

As a LIJSL Select Player Development Player:

1. I agree to attend scheduled training sessions, games, and other Select PDP activities. Persistent nonattendance will result in dismissal from the program. A player's first responsibility, however, is still to his/her club team during the scheduled league season.
2. I agree to show a willingness to accept instruction in a positive manner with an attitude conducive to continued development of technical and tactical skills.
3. I agree to conduct myself in a manner that is in keeping with representing the LIJSL at all times and never to discredit the league or its programs.
4. I agree to act in a manner consistent with the meaning of sportsmanship and fair play towards teammates, coaches, referees, parents, spectators and all others that I have contact.
5. I agree that when participating in any LIJSL event I will abide by the rules of the League and any guidelines set down by LIJSL Select PDP Coaches.
6. I am aware that substance use or possession of drugs, alcohol or tobacco is cause for immediate dismissal from the program.
7. I am aware that irresponsible or disruptive behavior is cause for immediate dismissal from the program.
8. I am aware that receiving a red card while representing any of the league's programs, I shall be suspended from the LIJSL Select PDP pending resolution of the matter by the League Arbitration Board.
9. I am aware that I must be an active member of a LIJSL team to remain a member of the LIJSL Select PDP Program.
10. I agree to accept whatever team placement the Select PDP assigns, knowing that movement is possible and part of the program.
11. I agree to purchase the LIJSL Select PDP's approved uniform and will wear the full uniform with pride.

PARENT CONTRACT

As a LIJSL Select Player Development Program parent:

1. I agree to encourage my child to abide by the responsibilities of participating in the program.
2. I accept the coaching staff and I will not question their judgement.
3. I agree to be enthusiastic, courteous and display sportsmanship as a spectator.
4. I agree to deal with any problems that may arise in a calm, rational and confidential manner.
5. I agree to support the LIJSL Select PDP Staff decisions.
6. I understand the importance of submitting all the required paperwork, fees and will do so in a timely manner.

MEDICAL RELEASE FORM

Function: Soccer

Player's Name _____ U.S. Citizen Yes _____ No _____

Address: _____

City/State/Zip Code: _____

Birthdate: _____ Sex: _____

Parent's Phone: Home_____ Work/Cell_____

Include Area Codes

Emergency phone number other than Parent/Guardian

Name: _____ Phone: _____

Include Area Code

Primary Medical Insurance Company: _____

Policy Number: _____

Known allergies or other pertinent medical information:_____

_____

_____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA/ USSF and its affiliates in accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify USYSA/USSF, 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's participation in the Program's and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant LIJSL Select Head Coach and/or LIJSL Select Assistant Coach permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/guardian: _____Date: _____

Subscribed and sworn to me this _____ Day of _____ 20 _____

Signature _____ My commission expires _____

Notary Public

Revised 5-6-2011