



Margate Community Education and Recreation Department
 8103 Winchester Avenue, Margate, NJ 08402
 (609) 823-6658 E-Mail: miles_andrew@margate-nj.com



FALL 2022 YOUTH SOCCER

Caera 2022 De Futbol Juvenil

- Boys & Girls
- Margate, Longport & Ventnor City Residents
- Kindergarten-8th Grade
- \$30.00 Per Player (By 9/12/22)
- \$40.00 Per Player (After 9/12/22)
- One Practice Per Week (Begins 9/19)
- Games On Saturday Morning (9/24-10/29)
- Return Form With Payment To the VENTNOR SCHOOL MAIN OFFICE (Elementary or Middle School)
- Checks Payable To: Margate Recreation
- Chicos y chicas de la ciudad de Ventnor, Longport & Margate
- Kindergarten-de octavo grado
- \$30.00 por jugador (por 9/12/22)
- \$40.00 por jugador (desupues de 9/12/22)
- Una practica a la semana
- Juegos en sabado por la manana
- Regreso formulario con el pago a la Oficina VENTNOR ESCUELA Principal (Primaria o Secundaria)
- Cheques a nombre de: Margate Recreacion

FALL 2022 RECREATION SOCCER REGISTRATION
(FALL 2022 RECREACIÓN DE FÚTBOL DE INSCRIPCIÓN)

Player's Name (Nombre del jugador) _____ M/F _____ Grade as of September 2022
 (niño/niña) (Grado partirde Septiembre 2022)

Address (la direccion) _____ City (la ciudad) _____

Primary Phone Number (Número de teléfono Primaria) _____

E-MAIL Address (dirección de correo electrónico) _____

Parent/Guardian Name (Print) _____ Parent/Guardian (Signature) _____
 (Nombre del padre/guardián (Impression) Nombre del padre/guardián (firma)

Emergency Contact Name _____ Primary Phone Number _____
 (Nombre del contacto de emergencia) (Número de teléfono Primaria)

List Any Medical Conditions _____
 (Enumerar alguna condición médica)

List any days and/or times that your child **CANNOT** practice _____
 (Haga una lista de días y/u horas que su hijo no puede practicar)

ATTENTION PARENTS: Please indicate if you are interested in volunteering to coach. Requirements: One practice per week and game on Saturday. If you are selected to coach, your fee will be returned. **ATENCIÓN PADRES:** Por favor, indique si usted está interesado en ser voluntario para el entrenador. Requisitos: Una práctica por semana y partido del sábado. Si usted es seleccionado para el entrenador, se devolverá la cuota.

YES, I would like to coach a team! (Sí me gustaría entrenar a un equipo!)



Please Complete Form On Back (Por favor complete el formulario en la parte posterior)

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration, of being allowed to participate in *Recreation Soccer League: 2022 Season* within The Margate City Recreation Department's athletic/sports/recreation programs and related events and activities, the undersigned:

Agrees that prior to participating, the undersigned will inspect the facilities and equipment to be used, and if the undersigned believes anything is unsafe, they will immediately advise their coach or supervisor of such condition (s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and social and economic losses which might result from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Agrees to assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.

Agrees to release, waive, discharge and covenant not to sue the City of Margate nor the Margate City Board of Education, their respective administrators, directors, agents, coaches, and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

The Undersigned has read the above waiver and release, understands that he/she has given up substantial rights by signing it and signs it voluntarily.

Child's Printed Name (First & Last)

Nombre impreso del niño (primera y última)

Relationship of to Above Child?

Parent (Padre)

Relación con el niño

Guardian (Guardián)

Street Address (Direccion)

City & State & Zip Code (Ciudad y estado y código postal)

Signature of Parent/Guardian

Firma del padre/guardián

Date

Fecha