



West New York

APPLICATION FOR SOCCER LEAGUE

DEPARTMENT OF RECREATION
428 60th Street
West New York, NJ 07093

Date: _____

Personal Information

A separate form MUST be completed for each child

Child's Name:

_____ Last First Middle

Address:

_____ Street (Apt.) City, State Zip

Home phone: _____ Emergency Contact: _____

Date of Birth: _____ School attending: _____ Grade: ____ Age: ____ Shirt size ____

Does your child have any Health conditions? Yes ____ No ____

If yes, please describe:

Parent/Guardian Information:

Mother/Guardian: Last Name: _____ First Name: _____

Address: _____

Phone Number: Home: _____ Work/Cell: _____

Email: _____

Father/Guardian: Last Name: _____ First Name: _____

Address: _____

Phone Number: Home: _____ Work/Cell: _____

Email: _____

In case of an Emergency, please provide information for someone to pick up your child:

Name: _____ Relationship: _____

Telephone number: _____



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YOUTH SOCCER LEAGUE

WAIVER OF LIABILITY, MEDICAL RELEASE & INDEMNIFICATION AGREEMENT

Child's Name: _____ Age: _____ Date of Birth: _____

In consideration for myself and my minor child being permitted by the West New York Recreation Department to participate in Soccer League, I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I or my minor child may sustain or which I understand and agree that:

1. This release is intended to discharge in advance the Town, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
2. The described activity may be of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for myself or minor child to participate in the described activity;
5. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the Town of West New York, its officers, employees and agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk is to be binding on the heirs and assigns;
7. I will indemnify and to hold the Town of West New York harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself or my minor child may sustain while participating in said activities;
8. I will make good any loss or damage or cost the city may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
9. In the event that said minor requires medical or surgical treatment while under the supervision of said Town personnel in connection with the described activity, such supervisor may authorize treatment;
10. I will pay all medical, hospital, or other expenses which I or my minor child may incur as a result of such treatment;

11. I understand that the Town of West New York Staff may photograph or videotape me and/or my minor child and that the Town of West New York may use such photographs or videotapes to promote the Town's program and classes. I expressly allow, and hereby, waive any objection to, the Town's photographing and/or videotaping of me and/or my minor child when I and/or my minor child are participating in a Town Recreational program. I understand all photos and videotapes will remain in the property of the Town of West New York Recreation Department.
12. I understand that The Town of West New York, its officers, employees and agents will not be responsible for any loss or stolen goods that your child may bring to the program.
13. The Town of West New York is not responsible for any child once the child has left the facility.

I certify that I have custody or am the legal guardian of said minor by court order, and that I and my minor child are physically able to participate in the described activities.

I have carefully read this Waiver of Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Town of West New York, and that I sign it on my own free will.

Parent/Guardian Name: _____
Please Print

Signature: _____

Date: _____

****BIRTH CERTIFICATE & PROOF OF ADDRESS IS NEEDED***

Proof of address ____ School Report Card: ____ Birth Certificate ____ Medical Ins. Card ____