

**ABSECON SOCIAL AND ATHLETIC CLUB  
SOCCER SIGN UP FORM 2011**

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_\_ GRADE (Sep 2011): \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT (other than parent):

NAME/PHONE#: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**ASAC is a volunteer organization; as such ASAC needs and expects your support to conduct programs for YOUR children and keep fees low. Please participate.**

If interested please circle:

COACH / ASSISTANT COACH / FLAG

**INSTRUCTIONS:  
CIRCLE APPROPRIATE LEVEL**

**SEPARATE FORM PER CHILD REQUIRED**

Circle Co-Ed Level as of Sep 2011:

Pre-Kindergarten	\$35.00
Kindergarten	\$35.00
1 <sup>st</sup> and 2 <sup>nd</sup> Grades	\$35.00
3 <sup>rd</sup> and 4 <sup>th</sup> Grades	\$50.00
5 <sup>th</sup> thru 8 <sup>th</sup> Grades	\$50.00

FAMILY MAXIMUM NOT TO EXCEED \$100.00

AMOUNT PAID: \_\_\_\_\_

CASH (circle) or CHECK # \_\_\_\_\_

IN CASE OF HARDSHIP, PLEASE CALL  
JODI 272-9735, CONFIDENTIALITY IS ASSURED.

HARDSHIP CASES WILL BE FUNDED BY THE  
GENEROSITY OF THE DAVID V. BONEY MEMORIAL  
FUND.

B / G

Note: All coaches and assistant coaches must be ASAC members in good standing and carry current certification.

**RELEASE/ACKNOWLEDGEMENT**

I \_\_\_\_\_, AM THE PARENT OR LEGAL GUARDIAN OF \_\_\_\_\_, A MINOR CHILD, WHO HAS BEEN REGISTERED FOR AN ABSECON SOCIAL AND ATHLETIC CLUB (ASAC) RECREATIONAL SPORTS PROGRAM. I CONSENT THAT THIS CHILD MAY PARTICIPATE IN THIS SPORTS ACTIVITY IN WHICH THERE MAY BE INJURY AS A NORMAL CONSEQUENCE OF PARTICIPATION AND FURTHER CONSENT THAT WHILE THE CHILD IS PARTICIPATING IN THIS ACTIVITY, THAT ASAC VOLUNTEER COACHES AND OFFICIALS HAVE SUPERVISION OF THIS CHILD.

I REPRESENT TO ASAC THAT THE CHILD IS PHYSICALLY QUALIFIED FOR THE ACTIVITY AND TO THE BEST OF MY KNOWLEDGE THE CHILD HAS NO MEDICAL CONDITION THAT WOULD PREVENT NORMAL PARTICIPATION IN THIS SPORT. IN THE EVENT OF INJURY, I CONSENT THAT VOLUNTEER COACHES OR OFFICIALS OF ASAC MAY ADMINISTER FIRST AID AND ORDER MEDICAL ASSISTANCE AS MAY BE AVAILABLE. IF I AM PRESENT AT THE TIME OF INJURY, I WILL GIVE FURTHER CONSENT OR ASSUME CONTROL OF THE CHILD'S MEDICAL TREATMENT. I AGREE TO HOLD ASAC HARMLESS AS TO ANY CLAIM I MAY MAKE, EXCEPT THOSE ALLOWED AND PERMITTED BY LAW.

I AGREE TO INSTRUCT THE CHILD TO PARTICIPATE ACCORDING TO THE PROGRAM'S RULES AS ARE SET OUT BY THE ORGANIZATION. I AGREE TO ASSIST ASAC, A VOLUNTEER ORGANIZATION, IN CARRYING OUT THE OBJECTIVES OF THE PROGRAM. I AGREE AND CONSENT AS A PARENT, COACH, OR SPECTATOR I WILL ABIDE BY THE ASAC CODE OF CONDUCT AND SET AN EXAMPLE OF GOOD SPORTSMANSHIP AT ALL TIMES. I UNDERSTAND THAT ANY PARENT, COACH, OR SPECTATOR WHO IS ABUSIVE, USES FOUL LANGUAGE OR GESTURES, OPENLY ARGUES WITH AN UMPIRE OR DISPLAYS DISRUPTIVE OR UNSPORTSMAN - LIKE BEHAVIOR WILL BE ASKED TO LEAVE THE COMPLEX BY THE UMPIRE, REFEREE, OR HEAD COACH. ALL INSTANCES OF DISRUPTION WILL BE FORWARDED TO THE ASAC DISCIPLINARY COMMITTEE FOR REVIEW AND POSSIBLE FURTHER ACTION, UP TO AND INCLUDING BEING BANNED FROM PARTICIPATING IN FUTURE ASAC EVENTS.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Per NJ State Law, if your child wears eyeglasses, protective eyewear must be worn on the field at all times.**

**ASAC IS A VOLUNTEER ORGANIZATION. TREAT ALL VOLUNTEERS AS YOU WOULD WANT TO BE TREATED...WITH RESPECT.**

Form can also be mailed to: ASAC, PO Box 26, Absecon NJ 08201