MABORC Mount Arlington Board of Recreation Commission	Youth League Soccer Registration Pack			
	☐ League Soccer	☐ Spring	☐ Fall	**2018-19 Seasons**

☐ **E DIV (BIRTH YEAR 2012-13 MUST BE IN KINDERGARTEN)**	☐ **D DIV (BIRTH YEAR 2010-11)**	☐ **C DIV (BIRTH YEAR 2009-10)**	☐ **B DIV (BIRTH YEAR 2008-09)**	☐ **A DIV (BIRTH YEAR 2006-07)**	☐ **AA DIV (BIRTH YEAR 2000-03)**

PARTICIPANT FIRST NAME (WILL BE USED ON TROPHY/MEDAL)

PARTICIPANT LAST NAME

- **Placement of players in an older age group and/or movement of players between teams at any time is at the discretion of the Soccer Coordinator and RVSL town representative.**
- **Team rosters are created through the league and players are recognized by the numbers on their shirts. Once uniforms are delivered to the players they may not switch uniforms with other members of the team.**
- **Mt. Arlington Blue Thunder League Soccer players, coaches and parents/guardians will be responsible for following the rules of the Rockaway Valley Soccer League. League bylaws can be found at www.rvsl.org.**
- **This league is strictly for recreation. We keep no standings or scores. A player who holds a traveling card for another league must surrender their card in order to play in the RVSL. Children may not play on two different soccer leagues.**
- **Occasionally we are forced to bump players up a division if there is a low turnout in that division. Upper division B & A may be placed in a higher division at the discretion of the soccer coordinator, league representative and parent permission. Waiting lists may be implemented if a low turnout is anticipated.**
- **YOU CHILD MUST BE IN KINDERGARTEN TO PLAY IN E DIVISION!!!!**

SPECIAL ACCOMODATIONS Special accommodations are considered but are not guaranteed. Please list for consideration.			
Does your child play on a team last season?	☐ ***Yes***	☐ ***No***	*Coach:*

LEAGUE UNIFORM *Please note: New uniforms will be provided **Fall** 2018 for all players.*							
SHIRT SIZE	☐ *YOUTH SMALL*	☐ *YOUTH MED*	☐ *YOUTH LARGE*	☐ *ADULT SMALL*	☐ *ADULT MED*	☐ *ADULT LARGE*	☐ *ADULT XLARGE*
SHORT SIZE	☐ *YOUTH SMALL*	☐ *YOUTH MED*	☐ *YOUTH LARGE*	☐ *ADULT SMALL*	☐ *ADULT MED*	☐ *ADULT LARGE*	☐ *ADULT XLARGE*
SOCK SIZE	☐ *SMALL (YOUTH)*		☐ *MEDIUM (INTERMEDIATE)*		☐ *LARGE (ADULT)*		

Birth Certificates for all league children are required to be on file with Mt. Arlington Soccer. Photos are needed at ages 10-17 for ID Cards. Photos will be taken during the first week of practice. Family Discounts: $60.00 first child, $50.00 2nd child, $40.00 3rd child
Late registrations (After 7/27) will only be considered if there is a spot available. Late Fee: $10.00 per family

*****IF PAYING BY CHECK PLEASE MAKE PAYABLE TO: BOROUGH OF MT. ARLINGTON*****

*****IF PAYING BY CASH PLEASE BRING EXACT AMOUNT *****

To Register:

Mail: *MABORC 419 Howard Boulevard, Mount Arlington NJ07856*
Drop Off: *Mon – Fri 7:30am-3:00pm (excluding holidays) in the recreation mailbox found inside the Recreation Department lobby located on Altenbrand Ave in the Mount Arlington DPW building by Fireman's Field/Recycling Center.*
We are phasing out paper applications. Please register your family at https://register.communitypass.net/MtArlingtonBorough*

FOR MABORC USE ONLY				
☐ *Parental Agreement*	☐ *Volunteer Form*		☐ *Birth Certificate*	☐ *Photo*
Fee ☐ *$60.00* ☐ *$_____*	☐ *Family Discount Applied (excludes clinic)*	☐ *$10.00 Late Fee Applied*		☐ *Combined Check*
Received $	☐ *Cash* ☐ *Check #_____*	*Checks Payable to:* ***Borough of Mt. Arlington***		
Date:	*Received By:*			

MABORC Mount Arlington Board of Recreation Commission	**CONSENT FORM WAIVER** **RELEASE AND HOLD HARMLESS AGREEMENT** Between: The Borough of Mount Arlington, 419 Howard Boulevard, Mount Arlington NJ and:	Fall 2018/Spring 2019 Youth League Soccer

Participants Name:	*Date of birth:*	*Age:*	☐ **M** ☐ **F**
Address:	*Grade:*	*School:*	
Town:	*Zip:*	*Phone:*	
Primary Parent/Guardian Name:	*Secondary Parent/Guardian Name:*		
Primary Cell Phone:	*Secondary Cell Phone*		
Primary Email:	*Secondary Email:*		
Primary Physician:	*Physician Phone:*		

It is understood and agreed that the participant and/or participant guardian on behalf of the participant:

- Either is a willing participant or has been given permission by the participant's guardian to participate in recreational activity which may involve travel to and from the activity or other related activities incidental to participation, all of which may result in physical contact or activity in which there are risks of injury inherent in the practice and play of this sport to the participant and is willing to assume and does in fact assume all such risks. In the case of a seasonal recreation activity in which it is anticipated that there shall be multiple events of the same recreational activity, this consent form, waiver, release and hold harmless agreement shall remain in full force and effect throughout the duration of the season.
- The participant is fully capable of participating in the recreational activity(ies), is healthy and has no physical and/or mental disabilities or infirmities that would restrict full participation in this recreational activity except as explicitly set forth herein (also include the use of inhaler for asthma or allergy requiring use of epi-pen): **This program requires you to stay with your child at all times. Coaches are not permitted to administer medication.**

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- The participant or the participants guardian, where the participant is under the age of 18, hereby agrees on the participant's behalf to save, indemnify hold harmless and defend the Borough of Mount Arlington, and all of its officers, agents, representatives, volunteers and employees of the borough from any and all liability for damages for injury to person and property, including death, and against and from all suits and actions and all costs, damages and changes of whatsoever kind and nature, including attorney's fees to which the borough may be put for or on account of any injury or alleged injury to person, including death, or property, resulting from or occurring in the normal course of participation in the recreation activity and any activities incidental thereto, whether the result of negligence or other cause.
- I hereby acknowledge that the participant ☐ **does** ☐ **does not** have medical insurance and that regardless of same, I will be responsible for any unreimbursed or covered medical fees, costs and expenses, no matter how characterized, associated with the care, treatment and or transportation of the participant. I further hereby indemnify, save, hold harmless and defend the Borough of Mount Arlington, its officers, agents, representatives, volunteers and employees from any claim for any medical fees, costs and expenses, no matter how characterized, associated with the care, treatment and or transportation of the participant, whether in whole or in part.

CODE OF CONDUCT – ZERO TOLERANCE

Please be advised that according to the State of New Jersey, the Mt. Arlington Board of Recreation Commission follows the ZERO TOLERANCE LAW. Any unruly conduct from players, coaches, parents or spectators will not be tolerated.

New Jersey Law (Assembly No. 446) states: Any (recreation) sponsored programs must now comply with this law. It can be found at www.njleg.state.nj.us/2002/Bills/A0500/446_R1.HTM

- Please sign below that you have read and understand the above policy.

PARENTAL/GUARDIAN RESPONSIBILITY AGREEMENT

- I shall be responsible for ensuring my child is familiar with and shall follow rules of the sport/activity.
- If required I agree to volunteer and support the activity to ensure the safety and stability of the program.
- I understand that the email I provide will be used by the Mt. Arlington Board of Recreation Commission Sports Coordinators and Members to communicate recreation events and information related to the activity/sport my child is participating in.
- Mount Arlington Recreation sports, events and activities may be photographed and/or videotaped for educational and publicity purposes (website, newsletters, announcements, news articles). By attending/participating in any of these sports, events and activities you are authorizing Mount Arlington Recreation to utilize photos and or video for such uses. Photos or videos will not include names or personal information about any individual, unless prior permission is granted.
- As the parent or guardian of the participant I hereby authorize the medical treatment by a qualified and licensed individual such as a medical doctor or emergency technician in the event of a medical emergency which, in the opinion of the attending physician/technician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This release also permits the transportation of my child by ambulance to a medical facility/hospital for treatment. I agree that I will be responsible for all cost and fees incurred relating to medical treatment for my child. This release is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.
- I will visually verify the coach(es) are present when I bring my child to practice or a game before I leave the premises. Unless the program requires you to stay to supervise your child.
- I understand that if I am not there to pick up my child from practices/games that the coach will contact your numbers provided, and if by15 minutes no contact has been made, the local police department may be contacted. If I am continually late in picking up my child, I understand that my child may be removed from the team roster.
- I agree to have Mt. Arlington Soccer release my child's full name, address, date of birth, gender and league level of my child to NJYS for insurance and membership purposes. I agree that my child does not play on another soccer league.

SIGNATURE

I agree to the above conditions so my child can participate in the Mt. Arlington Soccer Program.

This release is granted for the period from __08__ / __01__ / __2018__ to __08__ / __01__ / 2019__ (Date to be prefilled each fall for 1 year)

Parent/Guardian Signature:	*Date:*

MABORC Mount Arlington Board of Recreation Commission	**VOLUNTEER FORM**	Fall 2018/Spring 2019 Youth League Soccer

CHILDREN			
Child Name:	*Age:*	*Child Name:*	*Age:*
Child Name:	*Age:*	*Child Name:*	*Age:*

PARENT/GUARDIAN INFORMATION			
Name:		*Name:*	
Relationship: ☐ *Mother* ☐ *Father* ☐ *Other:*		*Relationship:* ☐ *Mother* ☐ *Father* ☐ *Other:*	
Phone:	*Cell:*	*Phone:*	Cell:
E-mail:		*E-mail:*	

SIGN ME UP!		**SIGN ME UP!**	
☐ *Team Parent*	☐ *Field Liner (no experience necessary)*	☐ *Team Parent*	☐ *Field Liner (no experience necessary)*
☐ *Registration Sign-ups for next season*	☐ *Soccer nets take down and/or set up*	☐ *Registration Sign-ups for next season*	☐ *Soccer nets take down and/or set up*
☐ *Party Helper Setup/Cleanup*	☐ *Fundraising (Booster club volunteers)*	☐ *Party Helper Setup/Cleanup*	☐ *Fundraising (Booster club volunteers)*
☐ *Contact me for all volunteer needs.*		☐ *Contact me for all volunteer needs.*	

COACHING					
☐ *Head Coach*	☐ *Assistant Coach*	☐ *New Coach w/little experience*	☐ *Head Coach*	☐ *Assistant Coach*	☐ *New Coach w/little experience*
☐ *Munchkin/Toddler*	*Child:*	*Child:*	☐ *Munchkin/Toddler*	*Child:*	*Child:*
☐ *League*	*Div/Child:*	*Div/Child:*	☐ *League*	*Div/Child:*	*Div/Child:*

Coaches Tee Shirt Size (order only if needed)							***Coaches Tee Shirt Size (order only if needed)***						
Adult	☐ *Small*	☐ *Med*	☐ *Large*	☐ *XL*	☐ *2XL*	☐ *3XL*	***Adult***	☐ *Small*	☐ *Med*	☐ *Large*	☐ *XL*	☐ *2XL*	☐ *3XL*

COACH REQUIREMENTS

Requirement	**Has**	**Needs**	**Requirement**	**Has**	**Needs**
Rutgers S.A.F.E.T.Y Course	☐	☐	*Rutgers S.A.F.E.T.Y Course*	☐	☐
Digital Fingerprints (every 3 years)	☐	☐	*Digital Fingerprints (every 3 years)*	☐	☐
RVSL Coaches Card (for league coaches only)	☐	☐	*RVSL Coaches Card (for league coaches only)*	☐	☐
Concussion Training	☐	☐	*Concussion Training*	☐	☐

AVAILABILITY

Munchkins:
Weeknight practice (1x) & weekend games. Scheduled Saturday games & Sunday makeup games.
Toddler:

League:
Practices will be held on weeknights (1-2 a week) and possibly weekends Games are held weeknights and weekends (1-2 a week)

Day	*Available*	*Available Times/Comments*	**Day**	*Available*	*Available Times/Comments*
Sunday	☐		**Sunday**	☐	
Monday	☐		**Monday**	☐	
Tuesday	☐		**Tuesday**	☐	
Wednesday	☐		**Wednesday**	☐	
Thursday	☐		**Thursday**	☐	
Friday	☐		**Friday**	☐	
Saturday	☐		**Saturday**	☐	