

Captain/  
Contact Name: \_\_\_\_\_ Team  
Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Team Level:  Below Average  Average  Above Average

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Team Contact Phone #: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_  CASH  CHECK (NO REFUNDS WILL BE GIVEN)

Credit Card:  VISA  MC  DSCVR  AMEX Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature on Card: \_\_\_\_\_

A \$200.00 deposit, a credit card and a completed registration form is required to hold your team's spot in the league. Teams are accepted on a first come first serve basis. Limited Spots - Register Early! All balances MUST be paid in full before the SECOND game or the balance will be applied to the above credit card. NO REFUNDS WILL BE GIVEN.

**Please Read Carefully and sign the following Registration-Understanding/Waiver.**

In consideration for being allowed to participate in any way in GoodSports USA athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named participant during or in connection with GoodSports USA or it's staff while they/I am on the premises of GoodSports USA. I acknowledge that at GoodSports USA, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA and its staff, from all liability for any claim for damages which I/the above named participant may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above participant are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above participant requires medical care, I authorize GoodSports USA to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GoodSports USA is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named participant's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

You MUST mark which program(s) you are registering for on back of form.

\* Use 1 form per team. Please call for additional forms or visit us online 24/7 @ [www.goodsportsusa.com](http://www.goodsportsusa.com)

\* Do NOT use this form for: Summer Day Camp, Parties, Facility Rentals, PAL Programs, Key 2 Training

**REQUIRED EQUIPMENT:**

**SOCCER:** Shin Guards, Cleats or Indoor Shoes

**BOYS LACROSSE:** Stick, Mouth Guard, Helmet with Cage, Shoulder Pads, Gloves, Elbow Pads, Athletic Cup w/ Supporter

**GIRLS LACROSSE:** Stick, Mouth Guard, Goggles (Goalkeepers need own equipment)

**FIELD HOCKEY:** Stick, Shin Guards, Mouth Guard (Goalkeepers need own equipment)

**ROLLER HOCKEY:** Helmet with Full Cage or Shield, Mouthpiece, Shoulder Pads, Shin Pads, Knee Pads, Elbow Pads, Athletic Cup with Supporter, Hockey Stick, Skates (NO black wheels), Gloves

**Mail Form and Payment to:**

GoodSports 2903 Highway 138 • Wall, New Jersey 07719

For Additional Registration Forms Contact Us: 732-681-8898 • [www.goodsportsusa.com](http://www.goodsportsusa.com)

