



Jersey Shore BOCA Jr. F.C. Registration Form

Player Name _____ DOB ____/____/____ Boy ____ Girl ____

Address _____ Email _____

City _____ State _____ Zip Code _____

Home Phone () _____ - _____ Emergency Phone () _____ - _____

New Member ☐ Returning Member ☐

Mother's Name _____ Home # _____ Cell # _____

Father's Name _____ Home # _____ Cell # _____

Has player previously played soccer? Yes ____ No ____ Team Name _____

Coaches Name: _____

League: (Circle One) CJYSA/MAPS MOSA Jersey Coast OC Rec. In-House Other

IS THERE A MEDICAL CONDITION A COACH SHOULD BE MADE AWARE OF? ____ YES ____ NO

IF YES, EXPLAIN: _____

IMPORTANT

Registration form must be returned inclusive of the attached Release of Liability Form.

Print Name: _____ Date: _____

Signature: _____

** I HAVE READ, SIGNED AND RETURNED THE RELEASE OF LIABILITY FORM YES ____ NO ____

CLUB USE ONLY

TEAM: _____ COACH: _____

AGE GROUP: _____

SEASONAL REGISTRATION FEE - \$40.00 CHECK # _____

RELEASE OF LIABILITY FORM RECEIVED (Y/N) _____