

PENINSULA SOCCER CLUB  
REGISTRATION INFORMATION

Thank you for your interest in the Peninsula Soccer Club (PSC). The purpose of this letter is to describe the process in which decisions are made to set up teams, and who to contact should you have questions

Our general goals are to promote soccer for area children and to develop and encourage sportsmanship among participants. Our more specific goals are to focus on technical and tactical development along with the highest possible level of competition for each player and team.

PSC teams presently compete in MOSA (Monmouth Ocean Soccer Association), JCYS (Jersey Coast Youth Soccer League), JAGS (Jersey Area Girls Soccer) and MAPS (Mid-Atlantic Premier Soccer).

Teams typically play 8-10 league games per season. For U8 to U14, there are 2 seasons: one in the fall and spring, with 5 away games and 5 at our home field on Sundays. U15 and above normally play only a spring seasons to not interfere with High School Soccer. MOSA games are normally on Sunday; JCL, JAGS and MAPS may have games scheduled on Saturdays. Typically, fall season games begin the Sunday after Labor Day and run until mid November, spring games begin early March and run through early June. Practice and training sessions are crucial to the development of the player and the team, and usually begin the months before the season starts. Lightning or poor field conditions are reasons games can be suspended or postponed—frigid weather or rain may not affect play. There are no league games scheduled for Easter Sunday, Memorial Day weekend, and Labor Day weekend, however, there are games the Sundays before and after Easter and during Teachers convention weekend in November. Please be mindful that MOSA, JCL, JAGS and MAPS require scheduled games to be played even if they occur during school vacations.

Approximately 15-18 players field a roster for the U11-17, while 12-14 are used for the U8 –10. Players that have been determined to have the appropriate skill level will be asked to play for the PSC travel teams for each age category. Where possible, we attempt to register each team in the league and division that will challenge that team.

Late registrants will be handled on an individual basis but cannot be guaranteed a spot on a team. PSC Board of Directors reserves the right to make final decisions about unusual or exceptional situations.

Fees cover uniforms, equipment, supplies, LEAGUE dues (including insurance), referees and training. Additional fees, such as tournament fees, are handled by the individual TEAM. If the club fees would present a financial hardship for you and prevent you from trying out, please contact a board member. Assistance can be provided based on need.

**Presently, volunteers run PSC. We welcome volunteers to help with such processes as serving on the committees, assistant coaching, team managing, team parent, refereeing, and field maintenance. Please contact the coach or any board member if you are interested in helping.**

For additional information about our soccer club, please visit our website at [www.peninsulasoccerclub.org](http://www.peninsulasoccerclub.org)

Also visit the other following websites for general information:

[www.njyouthsoccer.com](http://www.njyouthsoccer.com) (New Jersey Youth Soccer)

[www.usyouthsoccer.com](http://www.usyouthsoccer.com) (U.S. Youth Soccer)

**Are you or anyone you know interested in becoming a Referee? Peninsula SC is currently recruiting adults and teens interested in training to be licensed and paid referees. Parents, grandparents, siblings and friends all welcome. Perfect part time work for the recent college grad. Please contact a board member for more info.**

**PENINSULA SOCCER CLUB**

**REGISTRATION FORM**

[www.peninsulasoccerclub.org](http://www.peninsulasoccerclub.org)

**Registration Information (Please Print Clearly)**

Player's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent E-Mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Select Division \_\_\_\_\_ U8 (Born on or after 8/1/03) \_\_\_\_\_ U9 (Born on or after 8/1/02) \_\_\_\_\_ U10 (Born on or after 8/1/01)

\_\_\_\_\_ U11 (Born on or after 8/1/00) \_\_\_\_\_ U12 (Born on or after 8/1/99) \_\_\_\_\_ U13 (Born on or after 8/1/98)

\_\_\_\_\_ U14 (Born on or after 8/1/97) \_\_\_\_\_ U15 (Born on or after 8/1/96) \_\_\_\_\_ U16 (Born on or after 8/1/95)

\_\_\_\_\_ U17 (Born on or after 8/1/94)

NOTE: Additional teams may be formed, dependant on the number of players and available volunteer coaches.

**Acceptance and Liability Waiver**

If accepted onto a team, we hereby agree to abide by all rules and regulations of the Peninsula Soccer Club, and its teams. We also agree to adhere to all league and registering organization policies.

I hereby agree that the Peninsula Soccer Club, New Jersey Youth Soccer, US Club Soccer, MOSA, JCYS, JAGS, MAPS, or any league the team registers with, shall not be liable for any injury or loss my child may sustain while participating in activities of any kind sponsored by or under the supervision of the above leagues or organizations.

I agree to Hold Harmless the same leagues or organizations, their members, coaches, sponsors, or providers of game sites or designates of any kind from any claim whatsoever. I certify that my child is in good health and may take part in all team activities including travel to and from the various sites.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Waiver and Information**

In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital or medical facility.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does the player have a known medical condition that could affect his/her ability to play? If so, what is the condition or illness? (Attach Explanation). Does the player have any known allergies? If so, what is the allergy (Attach Explanation)?

In Case of Emergency, please provide two names and phone numbers to contact: (Please Print Clearly)

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Other Information**

**. This form must be presented to either a club official or the coach hosting the tryout at the time of the tryout.**

**VOLUNTEERS MAKE IT HAPPEN! Please let us know how you are willing to help. Circle an area of interest or write a note. Thanks!**

**COACH ASST. COACH SPONSOR TEAM PARENT FUND RAISING**