

FALL 2011/SPRING 2012  
**JAA DEVELOPMENTAL SOCCER PROGRAM APPLICATION**  
**DEADLINE: June 17, 2011**

All Forms should be mailed as follows:

**Jericho Athletic Association**  
PO Box 152  
Jericho, NY 11753

NAME OF CHILD: \_\_\_\_\_

PARENTS: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL GRADE: \_\_\_\_\_ **(FOR THE FALL 2011 SEASON)**

DOB: \_\_\_\_\_ BOY/GIRL: \_\_\_\_\_

Interested in coaching: \_\_\_\_\_

**PLEASE NOTE: This registration is solely for the JAA/JSC Developmental Soccer program, and not to be confused with either our fall intramural program or our fall instructional clinic programs. You must register for intramural soccer IN ADDITION to registering for the developmental program.**

**Please remember involvement within the Developmental Soccer program requires a commitment from both the player and family.** The child if enrolling within the Developmental Soccer program must also register and play within the JAA intramural soccer program. In addition, there will be a heightened level of competition within the program and its affiliated leagues, which might not be suitable for all children.

**REGISTRATION DEADLINE IS 6/17/11.**

ANY PLAYER REGISTERING AFTER THIS DATE CANNOT BE GUARANTEED A POSITION

I/We, the parents of the above named candidate for a position on a Jericho Athletic Association team, hereby give my/our approval to his/her participation in any and all JAA activities. I/WE ASSUME ALL RISKS incidental to such participation including transportation to and from the activities; and I/WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY and AGREE TO HOLD HARMLESS the JERICHO ATHLETIC ASSOCIATION and the JERICHO SOCCER CLUB, the organizers, coaches, sponsors, supervisors, participants and persons transporting my/our child to or from activities, for any claim arising out of injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent/Guardian: Print \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ANY QUESTIONS SHOULD BE FORWARDED TO LOWELL CITRON AT: [lcitron@lowenstein.com](mailto:lcitron@lowenstein.com)