



NJSA 04/TRSP 2011-2012 Futsal League

Player Name: _____ Age: _____ D.O. B. _____ Gender: F or M

Parent Name: _____ E-mail: _____

Address: _____ Current Club _____

Home Phone # _____ Cell # _____

Shirt size: S M L XL

Medical Release

I, we assume all risks incidental to such participation in the sport of soccer, including transportation to and from any such activities. I, we, hereby waive, release, and absolve the organizers, sponsors, TRSP and NJSA 04 staff, and participants from any claim arising out of injury to my son and/or daughter.

Moreover, I we, do hereby certify and assure that my, our, child/children (registering fort his program) is in sufficient health to endure the rigorous activities and drills that are common in participation of soccer, a contact sport.

Furthermore, I, we, do hereby acknowledge, understand, and agree that it is my, our responsibility to inform the appropriate TRSP and NJSA 04 staff official of any health related complications, illness, conditions regarding the applicant and/or prescription medication being taken by the applicant.

Signature of Parent/Guardian _____ Date: _____

**Please mail this Registration/Medical Release form along with a \$850.00: Tab Ramos Sports Centers: 17 Blair Rd Aberdeen, NJ 07747.
Please make checks payable to Tab Ramos Soccer Programs.**