**Piscataway Soccer Club Board of Directors** 

Fiscalaway 30	ccer club board of birectors	
President	Mike DeLello, wildcatU8@aol.com	
Executive Vice President	Joseph Portelli , soccercoach@optonline.net	
Travel Vice President	Tom Roberts, baldeagle828@optonline.net	
Instructional Vice President	Karyn Erdman katcme@optonline.net	
Instructional Vice President	Kelly Mooring mrkellym@optonline.net	
Registrar	Cheryl Portelli, cportelling@netscape.net	
Treasurer	Brian Hinds, behindcpa@aol.com	
Recording Secretary	Mike Majorczak, mw.majorczak@erols.com	
Public Information Officer	George Roussey, groussey@erols.com	
Travel Head Coach	Mike DeSordi, micp1193@verizon.net	
Instructional Head Coach	Kim McKin, mckim@rci.rutgers.edu	
Instructional Head Coach	Bill Lawrence, law3@optonline.net	
Club Parliamentarian	Kyle Schwartz, KaGeeSprtz@aol.com	
Club Webmaster	Chuck Myers, cwm1@optonline.net	
Club Web Page:	www.PiscatawaySoccer.org	
Club (	Committee Contacts	
Mid-NJ Referee Coordinator (Travel)	Brian Hinds, BeHindcpa@aol.com	
Club Referee Coordinator (Instructional)	Brian Hinds, behindcpa@aol.com	
U8 Travel Development Chair	Tom Roberts, baldeagle828@optonline.net	
TAC Chairman	Mike DeSordi, micp1193@verizon.com	
Tournament Committee Chairman	Joe Portelli, soccercoach@optonline.net,	
Picnic Chair	VACANT	
Club Purchasing Agent	Joe Portelli, soccercoach@optonline.net,	
Winter Futsal Director	Joe Portelli, soccercoach@optonline.net,	
Nominating Committee Chair	Cheryl Portelli, cportelling@netscape.net	
Girls Program Director	Joe Portelli, soccercoach@optonline.net,	



The official print center for the Piscataway Soccer Club. 4925 Stelton Road, South Plainfield, NJ 07080 908-791-0106



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## Piscataway Soccer Club

# INSTRUCTIONAL Registration Due 1/15/2008

### **Registration Fee**

- · Fee includes professional training.
- Note Players cannot play in both Travel/Competitive and Instructional.

#### \$100 Instructional

Please make your check out to the "PSC" 10% discount for additional players in the family.

Registrations received **AFTER 1/15** will incur a \$25 late fee, and WILL BE PUT ON A WAITING LIST

	· ·					
Player's Info	First Name		Last Name			
	Address					
	City, State, Zip		Birth date (mm/dd/yyyy)			
	Home Phone		Gender	male female		
	Shirt size: Youth Medium, YL, YXL,		Adult Small,	☐ AM, ☐ AL, ☐ AXL		
	Returning player, was on Team →					
	NEW PLAYER (please attach a copy of player's BIRTH CERTIFICATE)					
fo	Mother's First Name	Mother's Last Name		E-mail		
Parent / Guardian Info	Father's First Name	Father's Last Name (if different)		E-mail		
Par ıard	I am volunteering to coach my child's team. (If you are appointed coach, the club will credit you \$50.)					
ซี	I am volunteering to be an assistant coach for my child's team.  I have attached a Coaching Application form (available at <a href="www.PiscatawaySoccer.org">www.PiscatawaySoccer.org</a> in the Forms section). I understand that I must obtain an "F" license and be finger printed (class dates and locations are available at the web site in the Training section).					
	I have read all of the information and agree to participate in the Piscataway Soccer Club and its activities. I understand that as with any sport there is a potential risk of injury from practicing and					
AL	playing soccer, and I rele		-		ective	
SOV,	I release, waive, discharge, and covenant not to sue the Piscataway Soccer Club, its respective administrators, board of directors, chairpersons, coaches, and other members of the					
PPR	organization; other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and leasers of premises used to conduct the event(s), all of which are hereinafter referred					
ار ۱	to as "release" from any and all claims, property, caused or alleged to be in whole or in party by the negligence of the releases or otherwise.					
PARENTAL APPROVAL	I also understand that I will be required to perform some volunteer work as needed by the club (e.g., field maintenance, team manager, age group coordinator, committee member, coach).					
PAR	I recognize that <i>striving</i> to win, rather than winning itself, is what is important in sports and in life. I WILL NOT yell at or criticize: players, coaches, referees or spectators. I pledge that I will commit to promoting an atmosphere of healthy competition to ensure fun for all participants.					
	Parent/Guardian Signature (Please print form and sign it)			Date		

Mail this form to: Cheryl Portelli, PSC Registrar, 54 Hedgerow St., Piscataway, NJ 08854

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Office and Print Center

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In the Hadley Mall, South Plainfield
908-791-0106 FedExKinkos.com

Club use only.
Do not write in this section

Registrar \_\_\_\_\_

Treasurer \_\_\_\_\_

Other



## Piscataway Soccer Club

# **TRAVEL** Registration Due 12/9/2007

### **Registration Fee**

- · Fee includes professional training.
- Note Players cannot play in both Travel/Competitive and Instructional.

#### \$150 Travel

Please make your check out to the "PSC" 10% discount for additional players in the family.

Registrations received **AFTER 12/9**will incur a \$25 late fee, and
WILL BE PUT ON A WAITING LIST

	•					
Player's Info	First Name		Last Name			
	Address					
	City, State, Zip		Birth date (mm/dd/yyyy)			
aye	Home Phone		Gender	male	female	
<u>a</u>	Returning player, was on Team →  NEW PLAYER (please attach a copy of player's BIRTH CERTIFICATE)					
fo	Mother's First Name	Mother's Last Name		E-mail		
Parent / ardian In	Father's First Name	Father's Last Name (if different)		E-mail		
Parent / Guardian Info	I am volunteering to coach my child's team. (If you are appointed coach, the club will credit you \$50.)  I am volunteering to be an assistant coach for my child's team.  I have attached a Coaching Application form (available at <a href="https://www.PiscatawaySoccer.org">www.PiscatawaySoccer.org</a> in the Forms section). I understand that I must obtain an "F" license and be finger printed (class dates and locations are available at the web site in the Training section).					
	I have read all of the information and agree to participate in the Piscataway Soccer Club and its activities. I understand that as with any sport there is a potential risk of injury from practicing and playing soccer, and I release the PSC from any financial and medical injury liability.					
PARENTAL APPROVAL	I release, waive, discharge, and covenant not to sue the Piscataway Soccer Club, its respective administrators, board of directors, chairpersons, coaches, and other members of the organization; other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and leasers of premises used to conduct the event(s), all of which are hereinafter referred to as "release" from any and all claims, property, caused or alleged to be in whole or in party by the negligence of the releases or otherwise.					
ENT/	I also understand that I will be required to perform some volunteer work as needed by the club (e.g., field maintenance, team manager, age group coordinator, committee member, coach).					
PAR	I recognize that <i>striving</i> to win, rather than winning itself, is what is important in sports and in life. I WILL NOT yell at or criticize: players, coaches, referees or spectators. I pledge that I will commit to promoting an atmosphere of healthy competition to ensure fun for all participants.					
	Parent/Guardian Signature (Please print form and sign i	()		D	ate	
						8 7

Mail this form to: Cheryl Portelli, PSC Registrar, 54 Hedgerow St., Piscataway, NJ 088



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Treasurer	
Other	