

INSURANCE RELEASE FORM

All players registered in the PVISL, starting with the 2005 season, are required to have in effect liability and accident medical insurance offered by the New Jersey State Youth Soccer Association (NJSYSA). This insurance can be obtained either directly through the PVISL or through other programs that the player may be involved in, such as Northern Counties Soccer Assn., town recreation, etc. This policy must run concurrently with our season of play.

This release form (and its attachments) is a required part of the registration packet that must accompany your teams' registration information.

Please fill out your information below and ***check the appropriate box(es)*** for the insurance coverage that applies to your town.

Name of town: _____

I, (**print your name**) _____ the representative of this town certify the following information to be true and correct.

Signature _____ Date _____

- My town is covered in full by a **liability and accidental medical** insurance policy that meets the requirements of the PVISL and the NJSYSA.

Requirement: Attach a copy of the certificate of insurance that your town uses.

- All**, of the players are already covered by the NJSYSA because of their participation in the _____ program.

- Some**, not all, of the players are covered with the NJSYSA through their club affiliations. Attached is a list of the players who are **NOT** covered. Insurance will be obtained, through the PVISL, for the players you list and you will be charged \$5.00 per player.

[If all the players in your town require NJSYSA coverage through the PVISL, just write "ALL" on the attached list]

Requirement: Fill the bottom of each form and sign it.

PLEASE NOTE: The procedures described above are a requirement of our insurance underwriter. Failure to comply with these procedures may jeopardize your and our insurance coverage.

PVISL – UNINSURED PLAYER ROSTER

The players listed below are NOT covered by a liability and accidental medical insurance policy that meets the requirements of the PVISL and the NJSYSA. These players will be submitted to the NJSYSA by the League and your town will be billed accordingly.

Name of town: _____

	Player First Last Name	Address	City
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

I, (print your name) _____, the representative of this town, certify that the above represents all players that are not insured by the NJSYSA or alternative coverage.

Signature _____ Date _____