



# J.P. STEVENS SOCCER



## JP Soccer Players

We again as in summers past are going to enter a team in two summer soccer tournaments. If you are interested in joining us and improving as a player and teammate, then you need to act.

The dates are

Mount Olive - Marauder Madness - Saturday August 1<sup>st</sup> and Sunday August 2<sup>nd</sup>  
Capelli High School Tournament - Saturday August 15<sup>th</sup> and Sunday August 16<sup>th</sup>

The cost is \$35 for one, \$60 for two

Make checks payable to "John P Stevens Soccer"

Please fill out each waiver form for the appropriate tournament. A check for the appropriate amount and the forms, including this form, are due asap.

Return in an envelope to Coach McMullen's mailbox or Room B5 with a \$60 check made payable to "**John P. Stevens Soccer**"

## JP Stevens Soccer: 11 v 11 Summer Tournaments

Return forms and check ASAP to Coach McMullen

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Student Number \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Amount = \$60.00      Check Number \_\_\_\_\_

Shirt Size (circle one):    Small      Medium      Large      X-Large

Grade as of **September 2026** (circle one):    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

Position (circle one):      Striker      Midfielder      Defender      Keeper

I will attend the following tournament(s):

Marauder Madness – Mount Olive      \_\_\_\_\_

Capelli – Tinton Falls      \_\_\_\_\_

Amount \$ \_\_\_\_\_



## 2026 Marauder Madness

### 11 v 11 Medical Waiver August 1<sup>st</sup> and 2<sup>nd</sup> 2026 Medical Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other specific medical conditions:

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ at

(phone) \_\_\_\_\_.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



**2026 Capelli High School  
Tournament**

**August 15<sup>th</sup> – 16<sup>th</sup> 2026  
Medical Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other specific medical conditions:

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ at

(phone) \_\_\_\_\_.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_