



Central Marin Competitive Soccer Club

Player Registration Form

U9 Academy 2009 Season

Registration #

Please enter below the gender and age group are trying out for (see attached age group matrix)

Boys U9 Academy **Girls** U9 Academy

Last Name _____ **First** _____ **MI** _____ **Birth date** ____/____/____
Month day year

Address: _____
Street City Zip

Home Phone: (____) _____ **Grade** _____ **School** _____
(Attending in the Fall)

Last Team _____ / **U** _____ / _____ **League** _____ **Season** _____
Name Age Group Div I, III, House e.g. Central Marin, Mill Valley, Tiburon, West Marin, Dixie, etc year

Mother's Name _____ **Father's Name** _____

Home Phone: _____ **Mobile Phone:** _____ **Home Phone:** _____ **Mobile Phone:** _____

Address: _____ **Address:** _____
Street City Zip Street City Zip

Email _____ **Email** _____

Emergency Contact: _____ **Phone** _____

Release of Liability: I, the parent/guardian of the above mentioned player, a minor, agree that for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA, its affiliated organizations and sponsors, the owners and operators of the facilities used for tryouts and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the players' participation in tryouts. As the parent/guardian of the above-mentioned player, a minor, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature Printed Name Relationship to Player Date