



Central Marin Competitive Soccer Club

Tryout Player Registration Form

2010/2011 Season

Registration #

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

Boys Age Group U _____ **Girls** Age Group U _____

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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 registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, US Club Soccer and Central Marin Competitive Soccer Club (CMCSC), their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, US Club Soccer and CMCSC accepting the registrant for their soccer programs and activities (the Program), I hereby release, discharge and/or otherwise indemnify the USYSA, the CMCSC, the coaches/evaluators, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and all claim (s) by or on behalf of the registrant as a result of the s participation in the program and/or being transported to or from the same, which transportation I hereby authorize. **CONSENT FOR MEDICAL TREATMENT (MINOR):** As the parent or legal guardian of the above-named player, I hereby consent for Emergency medical care as 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