



2010 COMPETITIVE TEAM TRYOUTS PLAYER REGISTRATION FORM



Player Information

Name: _____ Date of Birth: _____

Street Address: _____ Home Phone: _____

City: _____ Zip Code: _____

Position: _____ Secondary Position: _____

2009 Club: _____ Age Group: _____ Gender: _____ Div: _____

Medical Conditions: _____

Additional Comments: _____

Parent or Guardian Information

1 - Name: _____

Mobile Phone: _____

Work Phone: _____

E-Mail: _____

2 - Name: _____

Mobile Phone: _____

Work Phone: _____

E-Mail: _____

Signature of Parent or Legal Guardian: _____ Date: _____

As the parent/legal guardian of the above-named player, or player age 18 or over 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. I agree to hold harmless the Castro Valley Soccer Club ("CVSC") and its agents and employees and hereby release them from any liability on account of injuries sustained by the player while participating in any activities. I give consent for the above player to be photographed, videotaped or filmed while participating in any soccer activities and the resulting photos / film to be used by the CVSC and its agents and employees for educational and promotional purposes. I have read and understand the above. I also acknowledge that players will be notified of team selection via the CVSC website at www.cvsoccer.com after the tryouts and accept that the decision of the CVSC will be final.

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Age Group/Gender Bib # Dates 1 2 3 4 Team

