

Pride Soccer Club Application (2009-2010)

Tryout Color and # _____

Gender: M F Age Level: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
(Circle)

Player Information

Player's Name _____ Date of Birth _____

Age on 8/1/2009 _____ Email(Player) _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Player's Cell Phone _____

Father's Name _____ Email _____

Father's Cell Phone _____ Work Phone _____

Mother's Name _____ Email _____

Mother's Cell Phone _____ Work Phone _____

Player's High School Affiliation _____

Allergies or Medical Conditions: _____

Emergency Contact _____ Phone _____

Consent For Medical Treatment

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care maybe given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Liability Waiver

I, the parent/guardian of the registrant, a minor agree that I and the registrant will abide by the rules of CWJR, USYSA, MOSSL and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for CWJR accepting the registrant for its soccer programs, I hereby release, discharge and/or otherwise indemnify CWJR, its affiliated organizations and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the soccer program and/or being transported to or from the same, which transportation I hereby authorize

Acknowledgement and Consent (Above and Below)

If selected to play for the Pride Soccer Club, **the undersigned agrees and understands that players are carded to their teams for a period of one year beginning July 1st and ending June 30th of the following year. A non-refundable deposit of at least \$150 is due upon acceptance of offer to play.** Please make sure that you and your child are prepared to make the ANNUAL commitment PRIOR to accepting the position. The undersigned consents and agrees that the above named child may become a member of the CWJR Pride Soccer Club. By signing, you understand and acknowledge the Consent for Medical Treatment and Liability Waiver

Name (Parent/guardian) _____

Signature X _____ Date _____

-----Club Use Only-----

Tryout Notes:

Date of Offer _____ Offer Made By _____

Accept _____ Decline _____