

Welcome to:



2010 COMPETITIVE TRY-OUTS

Girls Under _____

Tryout #: _____
(Provided at try-outs)

Boys Under _____

Previous Club: _____

Player Name: _____
Last First

Date of Birth: _____ Best Contact Phone # _____
(please include area code)

Address: _____
Street City Zip

Mother's Name: _____

Father's Name: _____

Contact E-mail Address: _____

Medical Release/ Consent for Medical Treatment of a Minor

I, the parent /Guardian of the player named herein, acknowledge that participation in the sport of soccer, as in any sport, may result in injury. The undersigned Parent/Guardian therefore releases CalSouth, its member leagues, teams, agents, officers, coaches and players from all liability or responsibility for any claim, damage or legal action on behalf of the player or the player's parents, heirs, or personal representatives, arising from any injury the player may sustain while participating in soccer or related activities, including transportation, except to the extent and in the amount covered by the CalSouth accident reimbursement plan. As the parent/legal guardian of the above-named player, I hereby give my 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.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____