



Carolina Soccer Club

6013 Hillsborough St, Raleigh NC 27606

www.crsnc.com

Weather hotline: 919.785.5100

2011/12 Tryout Form

Date of Birth

List any medical problems, or "N/A"

Last Name

First Name

MI

Nickname

Mailing Address

City

State

Zip

Home Phone

Email Address (s)

Mother's name

Work Number

Cell Number

Father's Name

Work Number

Cell Number

Person to Notify in Emergency

Phone Number

Doctor to Notify in Emergency

Telephone Number

Last Team and Association

School, City

Grade

I intend to allow my child to participate in Carolina Soccer Club (CRSC). I recognize that soccer is a collision sport and that the risk of physical injury is inherent to the sport. I certify that my child is medically sound and physically fit to play soccer. I am aware of and voluntarily assume all risks - regardless of their causes - to my child, including accidental injury caused by the negligence of others, arising from his/her participation in the CRSC and/or its activities, including participation in the sport of soccer. Such risks specifically include, but are not limited to - and I certify that I will make my child aware of - the danger of significant personal injury (including death) associated with soccer goals which may tip over or collapse when used as a device on which to climb, hang, or otherwise play, or when improperly moved or secured. I understand it is not the responsibility of CRSC or its representatives to serve as guardians of my child's safety. I am responsible for my child's protective equipment and the use by my child of protective equipment, including shin guards and mouthpieces, and for the condition of his/her cleats if he/she chooses to wear them.

Furthermore, I understand the weather conditions and condition of the playing field can vary and can increase the risk of personal injury. I will note the weather conditions and the condition of the field, and I voluntarily assume all risks to my child arising from such conditions. I will not hold the CRSC or any of its officers, employees, or agents liable in damages for any injuries my child might sustain while participating in the CRSC and any activities or leagues sponsored by it. I hereby release and forever hold harmless CRSC and all of its officers, employees, or agents from any liabilities, claims, damages, or losses arising from or in any way relating to my child's participation in the soccer club. My signature below indicates that I have carefully read the registration form, accurately completed it, and fully understand the Release and Assumption of Risk, which I am voluntarily signing, will bind me, my heirs, and my personal representatives.

WAIVER/RELEASE OF LIABILITY

Parent/Guardian Signature

Date

Office Use Only:

Medical Waiver: Birth Certificate: _____

Member ID: _____

Address ID: _____

Payment: Check # _____ Cash: _____

Registration ID: _____

Team Assigned: _____