



**CHURCHLAND SOCCER LEAGUE (CSL)
2008-2009 TRYOUT APPLICATION**

TRYOUT # _____

MALE/FEMALE

AGE GROUP: U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Player first name: _____ Last name: _____

Address: _____ Home Phone: _____

_____ Mobile Phone: _____

Email: _____ Date of Birth: _____

Current club and coach: _____

Number of years player: rec _____ advanced _____ select _____ Position: _____

Medical conditions (if any): _____

Consent & waiver:

I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Churchland Soccer League, Inc. (CSL) permitting my child to participate in the youth soccer program tryouts, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, CSL, Virginia Soccer League, Inc. (VSLI), Tidewater Advanced Soccer League, Inc. (TASL), Virginia Youth Soccer Association (VYSA), United States Youth Soccer (USYS) and City of Portsmouth Department of Parks, Recreation, and Leisure Services, their officers, Board of Directors, employees, coaches, referees and other such volunteers as are connected with CSL, VSLI, TASL, VYSA, USYS, and City of Portsmouth Department of Parks, Recreation, and Leisure Services in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to tryout in the CSL program. All players selection shall be posted on the CSL website (churchlandsoccerleague.org) and players understand that they must accept their selection to a team, either in writing or verbally to the Coach designated for the team to which they were selected, and fill out a CSL registration form and pay their registration fee (non-refundable for Select/Travel players) not later than 14 days from the date their selection is posted. I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A copy of this authorization shall be as effective as the original.

Parent/guardian signature: _____ Date: _____

Printed name: _____