

TEAM NAME: _____ SEASON: WINTER 2009-2010

CHURCHLAND SOCCER LEAGUE

11 V 11 ADULT LEAGUE

WINTER 2009-2010

NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL: _____

Last Season Played With CSL Adult League: _____
Team Name: _____

BY SIGNING THIS REGISTRATION FORM, I UNDERSTAND AND AGREE THAT CHURCHLAND SOCCER LEAGUE (CSL) AND IT'S BOARD MEMBERS, THE CITY OF PORTSMOUTH, COACHES, GAME OFFICIALS, PLAYERS AND ANY OTHERS AFFILIATED WITH CSL AND THE ADULT LEAGUE ARE NOT RESPONSIBLE IN CASE OF ACCIDENT OR INJURY WHILE PLAYING OR PRACTICING SOCCER.

Signature: _____ Date: _____

PARENT SIGNATURE _____
(IF PLAYER IS UNDER 18 YEARS OF AGE)

