



I. Division

- Recreation - \$75 per player (uniform included)
- Advanced - \$125.00 per player (tryout required for placement, uniform is additional charge is needed)
- Select U9 - U14 - \$300 per player for full year registration (tryout required for placement, uniform is additional charge is needed)
- Select U15 - U19 - \$150 per player for single season (tryout required for placement, uniform is additional charge is needed)

II. Season (season (s) you are registering for)

Fall Spring Year

III. Player Information

First Name: _____ Last Name: _____
 Street Address: _____ City: _____ Zip Code: _____
 Phone: (please insert dashes) _____ Date of Birth (mm/dd/yy): _____
 E-Mail: _____ Gender: _____

IV. Special Requests (honored when possible at the discretion of the Coordinators)

V. Fundraiser Options - per family requirement

- \$25.00 included with this registration (an extra fee)
- \$25.00 included with this registration but I want to participate to receive refund
- Mandatory fee paid with another registration (only 1 per family is required)

VI. Mom/Guardian #1

First Name: _____ Last Name: _____
 Email: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

VII. Dad/Guardian #2

First Name: _____ Last Name: _____
 Email: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

VIII. Emergency Information

Emergency Contact: _____ Phone: _____
 Cell Phone: _____ Relationship: _____
 Insurance Carrier: _____ Policy #: _____
 Medical Notice - Allergies, etc: _____
 Physician Name: _____ Physician Phone: _____

IX. Volunteer

CSL requires active participation of all parents in our program. Check area(s) in which you would be willing to help.

Concession Stand (atleast one hour per season per child) Coach - run practices & games Asst. Coach - help coach w/practices & games
 Team Parent (handles team admin duties) Advanced Commissioner's Asst. Age Group Coordinator Board Member
 Building Maint Crew Concession Stand Mgr Concession Stand Scheduler Facilitator Coordinator
 Field Maint Crew Fun Day Committee Picture Sched Coordinator Public Relations Coordinator Registrar
 Registration Committee Select Commissioner Asst. Summer Camp Coordinator Volunteer Coordinator Other _____

Volunteer Name Birthdate (for insurance purposes - mm/dd/yy): _____

My Player: Is New to CSL Played last season with CSL Has played with CSL in prior season

Code of Conduct, Disclaimer & Release of Liability, Signature Page

X. Code of Conduct

I concur with Churchland Soccer League's philosophy that all participants (players, coaches, parents, referees) be treated in a manner that is positive and promotes good sportsmanship. All players, parents and spectators are expected to act in a manner that promotes good sportsmanship during the game and practice sessions. Anyone not acting in such a manner will be requested to withdraw from Churchland Soccer League without no refund.

XI. Consent and Waiver fro Advanced and Select/Travel Registrations only:

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. 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 Churchland Soccer League, Inc. (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 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 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 then 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.

XII. Wavier Information:

I hereby grant permission for my child to play soccer for Churchland Soccer League, Inc. and hereby release, indemnify and hold harmless from liability Churchland Soccer League, Inc. and their coaches, agents, operators, officials, or personnel for loss of, or damage to personal property and for personal bodily, medical or dental injuries or death or expenses incurred as a result of accidents sustained during practices, games, clinics or other league/team sponsored activities. I agree to abide by rules and bylaws of Churchland Soccer League, Inc. I hereby certify that may child has no known medical problems which preclude participation in team sports, and that I have in force and effect medical and hospital insurance to cover any expenses from injuries and accidents I understand that Churchland Soccer League, Inc. does not carry supplemental insurance, that there is a deductible and Churchland Soccer League, Inc. is not responsible of this amount, nor for any expenses not covered by this supplemental coverage. In the event the above named player is injured and requires medical attention, I authorize any Churchland Soccer League, Inc. official and/or their coaches, agents, operators, to act in my behalf to authorize medical treatment as may be deemed necessary in my absence. I certify that all information given above is correct. I understand this is a legal document. By signing below I grant permission for Churchland Soccer League, Inc. to publish pictures of my family on the League's website or in the League's press releases, publicity information, newsletters, or bulletins. I understand that if I give notice to the webmaster or to the Board that I object to any particular picture on the website, etc. it will be removed as soon as possible.

° I/We, the guardian(s) above have read and agree with the above agreement and waiver statements

**Send completed form and payment to: CSL, PO Box 5096, Portsmouth, VA 23703-5096
Make Checks Payable to Churchland Soccer League**