

DEL MAR/CARMEL VALLEY SOCCER LEAGUE

"SHARKS" TRYOUTS 2005

Girls Under _____

Tryout #: _____

Boys Under _____

Previous Club _____

INJURY WAIVER

I, the undersigned parent or guardian of the player listed below, release the Del Mar/Carmel Valley Soccer League from responsibility for any injury to my child during player tryouts.

Please Print

Player Name: _____

Last

First

Date of Birth: _____

Home Phone #: _____ **Alternate #:** _____

Address: _____

Street

City

Zip

Mother's Name: _____ **Cell #:** _____

Father's Name: _____ **Cell #:** _____

Contact E-mail Address: _____

Will you be requiring financial assistance? _____

Medical Release

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 the California Youth Soccer Association-South, 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 CYSA-South accident reimbursement plan.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Consent for Medical Treatment of a Minor

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.

Parent/Guardian Signature: _____ **Date:** _____