

Classic Soccer Tryouts 2017-18 Season



			Birth	Voar	Dloac	e Indicate Age
			Birth Year			& Division Your
Charlotte United Futl		1999	190	Child is trying of		
\$35.00 Pre-Registration Tryout Fee or \$40.00 at the I Bring this completed form and cash or check to You will receive a numbered t-shirt.			2000	18U		
			2001 2002	17U		Tryout ID Amt Paid
		o tryouts.		16U		
			2003	150		
		2004	14U 13U			
www.charlotteunited.co		2005				
			2006	120		
			2007	11U		
PRIMARY PARENT/GUARDIAN	I INFORMATION Address		City		State	Zin
Home Phone #	Mobile Phone #		Wor	k #		
Email						
ADDITIONAL PARENT/GUARD					.	
Name	Address		City		State	Zıp
Home Phone #	Mobile Phone #		Wor	k #		
Email						
PLAYER INFORMATION						
	Address. City, Zip				Phone #	
Email		Date of Birth		_ Gender		
School	Grade for Fall 2017	Current CUFC Pla	ayer?	Previous Team		
Previous Coach	Years Playing	Positions	Played			
Emergency Contact	Home Phone		Mobile Phone			
FINANCIAL ASSISTANCE	ancial assistance for the 2017-18 seaso					
Yes						

In consideration of your acceptance of me or my child as named above as a participant in Charlotte United Futbol Club, Inc. ("CUFC"), I hereby waive, release absolve, indemnify and agree to hold harmless: CUFC, including its Members, directors, officers, organizers, sponsors, coaches, referees, supervisors, participants, volunteers and persons transporting my child to or from activities from and against any claim for liability, expense, damages, causes of action, injury or harm suffered by me or my child incidental to, connected with or arising out of CUFC activities. I give my approval to my child's participation in all activities described above and/or listed in prior mailings, handouts and websites. I understand that the program described for which I give my permission may be hazardous and that injuries may occur in the normal course of play or instruction, and I assume all risks and hazards incidental to me or my child's participation, including transportation to and from CUFC activities.

I understand and authorize that team rosters will be distributed to players and coaches with personal information including but not limited to parent and player names, addresses and phone numbers. I understand and authorize that player photos including names may be published in, but not limited to, local newspapers, tournament programs and CUFC promotional materials.

I understand and authorize that participants do and must become members of the North Carolina Youth Soccer Association ("NCYSA") along with attendant benefits and responsibilities. I agree that we will abide by the by-laws, rules, procedures, and decisions as adopted from time to time by CUFC and NCYSA and/or its agents. I agree that some or all private information I submit to CUFC will be transmitted to NYSCA.

Registration for tryouts is only complete upon receipt of the tryout fee. Registration with CUFC becomes final upon assignment to a team and submission of playing contract and deposit. There is no refund of tryout fees.

I certify to the best of my knowledge that my child has no physical infirmities or allergies except as noted:

(Please list any condition(s) of which you or your doctor is aware)

I understand that no medical or health insurance coverage is provided by CUFC and that I, as parent/guardian of my child, am responsible for all medical and insurance costs. Further, I hereby consent to emergency medical care for my child.

I hereby represent that I have read and understand the above and have been given an opportunity to ask questions, and if so, they have been answered satisfactorily. I hereby execute this Release and Understanding fully and with no reservations.

Signature of player (parent or guardian if under 18 years of age):_

Date: ____