



Central Valley RIOT FC

Youth Soccer Program Tryout Application

Player Information

Player Name	Birth Date	Age Group/Last Team U9 Girls
Address	City	Zip Code
Phone#	State	Grade in Fall:

Soccer Experience

2010	2009	2008
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Parent Information

Mother's Name	Father's Name
Address	Address (if different)
Home Phone#	Home Phone#
Work Phone#	Work Phone#
E-mail Address	E-mail Address

Medical Emergency Waiver

I, the undersigned parent/guardian of _____, a minor, do hereby grant permission for the above named individual to attend and practice in the CV Quakes youth soccer program sponsored by Central Valley Youth Soccer League and all related activities. I understand the inherent risks associated with the program, including physical injury. I agree to release, indemnify and hold harmless the CV Quakes, Central Valley Youth Soccer League, its officials, coaches, representatives and volunteers acting as agents for the undersigned, from any claim arising out of injury to the above named individual. In the event of injury, I authorize treatment as deemed necessary by the medical/dental professionals located at the nearest medical emergency facility. It is understood that every reasonable attempt will be made to notify the parent or guardian of any such injury.

Signature of PARENT or GUARDIAN: _____ **DATE:** _____

Volunteer /Fundraising Opportunities

FUNDRAISING/VOLUNTEERING: Fundraising is vital in keeping costs down and ensuring future development. Each family is expected to support the club fundraising activities. Volunteer help is also essential to the success of the Quakes soccer program. We ask that each family contribute some volunteer time during the soccer season. Please indicate below the area in which you feel you can help:

Team Parent (administrative)
 Coaching
 Referee
 Field Maintenance
 Other
 Board rep (attend meetings)
 Fundraising
 Publicity (website)

Uniform Information

Jersey #: _____ **Second choice jersey #:** _____ **Jersey Size:** YS YM S M **Shorts:** YS YM S M **Socks:** Y Adult

Fees (Administrative Use Only)

Total \$:	Date Paid:	Check #:	Deposit:	Balance Due:
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