



# Academy Soccer Tryouts

## 2017-18 Season



### Charlotte United Futbol Club, Inc.

\$35.00 Pre-Registration Tryout Fee or \$40.00 at the Field  
**Bring this completed form and cash or check to tryouts.** You will receive a numbered t-shirt.

www.charlotteunited.com

<i>Birth Year (Circle One)</i>	<i>Location (Circle One)</i>	<i>Please Indicate Age Group &amp; Division Your Child is trying out for</i>
2008 - U10	Matthews	
2009 - U9	South Park	
	Morrison Y	
	Dilworth/Myers Park	Tryout ID
	Palisades/ Steele Creek	
<i>Gender (Circle One)</i>		Amt Paid
Male	Female	

#### PRIMARY PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

#### ADDITIONAL PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

#### PLAYER INFORMATION

Name \_\_\_\_\_ Address. City, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Grade for Fall 2017 \_\_\_\_\_ Current CUFC Player? \_\_\_\_\_ Previous Team/Level \_\_\_\_\_

Previous Coach \_\_\_\_\_ Years Playing \_\_\_\_\_ Positions Played \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

#### FINANCIAL ASSISTANCE

Do you anticipate applying for financial assistance for the 2017-18 season (please check Yes or No below)?

No \_\_\_\_\_

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: \_\_\_\_\_