



# Carolina United Soccer Association Tryout Form

## Player Information

<b>Name:</b>	<b>Male or Female</b> (circle one)	<b>Date of Birth:</b>
<b>Address:</b>		
<b>Have you played soccer outside US? Yes or No</b> (circle one)		
<b>Was player born on US soil? Yes or No</b> (circle one)		
<b>Mothers Name:</b>		<b>Contact #:</b>
<b>Mother's Email Address:</b>		
<b>Father's Name:</b>		<b>Contact #:</b>
<b>Father's Email Address:</b>		
<p>This is a player evaluation. The purpose of this exercise is to evaluate each individual player in comparison to other players of similar age, gender, and experience. At the conclusion of the evaluation coaches will recommend what level of play is appropriate for the player.</p>		
<p><b>Player Signature:</b> _____</p> <p><b>Parent/Guardian:</b> Please sign each of the following statements if you agree:          I, the undersigned legal guardian of the registrant, a minor, understand that my son/daughters participation in this player evaluation is voluntary and does not create a membership obligation between myself or my son/daughter and Carolina United Soccer Association.</p> <p><b>Parent/Guardian Signature:</b> _____</p> <p><b>Date:</b> _____</p>		
<p><b>Liability Waiver and Release:</b> I, the signing parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with participation in the soccer evaluation event indicated above. I am aware that conditions such as physical contact with other players, high velocity soccer balls, slippery terrain, and demanding and strenuous exercises can contribute/cause serious injuries and even death. I hereby assume all risks for my son/daughter/dependent's participation in this event. I hereby release, discharge, waive, and agree to hold harmless and indemnify Carolina United Soccer Association and its affiliated organizations, sponsors, trainers, coaches, administrative officers, and employees, including the owners of the facilities utilized for the evaluation, against any claim by or on behalf of the registrant, myself, my heirs, executors, administrators or anyone else who might bring claims on my behalf or the registrant's behalf as a result of the registrant's participation in this evaluation. I hereby declare that I am aware that Carolina United Soccer Association is not responsible for and shall not be requested to pay for or reimburse the cost of any such medical care or treatment received by the registrant in response to participation in this evaluation. I understand that my son/daughter is participating in playing at his/her own risk. I hereby also declare I do have medical insurance capable of covering medical costs for my son/daughter and lost wages for myself caused by an accident related to participation in this evaluation.</p> <p><b>Parent/Guardian Signature:</b> _____</p> <p><b>Date:</b> _____</p>		

**How many practices a week are you comfortable with for your child? \_\_\_\_\_**

**With enough players and teams, CUSA can have different teams play at different levels. What level of play are you most interested in?**

Note: This does not guarantee they will be placed on a certain leveled team unless you only choose Recreational.

(More than 1 can be checked)

**\_\_\_ Recreational (TASLI): Traveling no further than Hampton Roads Area (Chesapeake, Va Beach, Norfolk, no further than Williamsburg)**

**\_\_\_ Travel: This team may play recreational (TASLI) but will also travel to tournaments. Additional costs apply for hotels, tournament fees, food, and coaches stay.**

**\_\_\_ VSL: This is a higher level of play than TASLI and games are mostly on Sundays. A little more traveling is involved and CUSA would need at least 2 teams to play VSLI.**

**Comments:**