

COUNCIL ROCK UNITED SOCCER ASSOCIATION, INC.

PO Box 839 ♦ Richboro, PA 18954 ♦ (p) 267-988-4053 ♦ www.crusa.net

TRYOUT TO TRAVEL 2010

Tryout schedules posted on website

Registration Fee:
\$20 per player

Date: _____
Check #: _____
Cash: _____
Total: _____

Please note that all registrations can be completed online at

www.crusa.net

(Credit cards are accepted.)

AGES: Open to:

Boys U7 through U18 (born 8/1/1992 through 7/31/2004) and
Girls U7 through U18 (born 8/1/1992 through 7/31/2004)

Check One:

- New CRUSA Registrant (Birth certificate required for first time registrations)
- Returning Registrant (previously have played for CRUSA)

Check one (one fee applies to all)

- Trying out for FC Bucks only (U11 and up)
- Trying out for travel only
- Trying out for travel *and* FCBUCKS

Player Information:

Last Name: _____
First Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone #: (____) _____ - _____
Email: _____
Birthdate: ____/____/____ Gender: M F
School Child Attends: _____ Grade: ____
Parent/Guardian Name(s) (PRINT): _____
Mother's Maiden Name: _____
Medical Concerns: _____

T-Shirt Size (Please Circle ONE):

Youth Sizes – **Medium Large**
Adult Sizes – **S M L XL XXL**

Sock Size: **Youth Adult**

Special Requests or Comments

MEDICAL INSURANCE:

CRUSA requires that you disclose a primary medical insurance carrier. Failure to comply will disqualify applicant from participating in CRUSA programs.

Insurance Company: _____

Policy #: _____

Volunteer Information

Name of Person Volunteering: _____

- Coach
- Assistant Coach
- CRUSA Volunteer Board Member
- Field Preparation

} **Coaching License & Experience:**

Team Uniform Sponsors

\$225.00/Team

Contact name/address/phone # of sponsor.

Sponsor Info on Uniform Jersey (2 Lines Maximum):

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify and hold harmless USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners and lessees of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. I am familiar with the sport of soccer, the relative skill and level of expertise of the facilitators of the Programs and the Programs that registrant is participating in and the risks associated with the same. I have made myself familiar with the fields and facilities utilized by the Programs. I recognize that the sport of soccer is played in varying weather conditions and that weather conditions are subject to change while Programs are underway. Further, I grant that we, the undersigned, agree for ourselves, our heirs, executors and administrators, waive, release and forever discharge Council Rock United Soccer Association and the their staff, officers, agents, representatives, employees, successors, and assigns including the owners of the fields and facilities utilized for the programs from any and all rights and claims for damages to person and property activities, or while partaking in any and all activity at any site including being transported to or from same, which transportation I authorized.

PARENT/GUARDIAN OR ADULT SIGNATURE: _____ **DATE:** _____