Skills At the Beach - Training Registration

Registrant:_____ Fall 2008 Age Group: U_____ B/G
Last Name First Name

Email Address:_____ Birth Date:_____

Address:_____
Street City Zip

Currently registered with Cal South? (Circle) Yes No Home Phone:_____

Current Club/AYSO Region: _____# of years Playing:_____

Father's Name:_____ Email Address: _____

Cell Phone:_____ Work Phone: _____

Mother's Name:_____ Email Address: _____

Cell Phone:_____ Work Phone: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Calsouth, its affiliated organizations and sponsors including Long Beach Soccer Club dba BEACH FUTBOL CLUB (BEACH), recognizing the possibility of physical injury associated with soccer and in consideration for the accepting the registrant for its soccer programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify Calsouth, its affiliated organizations and sponsors including BEACH, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant' s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize Additionally as part of his/her use of recreational facilities, equipment and trainers of Long Beach State University and Beach Futbol Club we hereby consent to his/her participation in the Beach Futbol Club programs, understanding that pictures may be taken of my/our child for advertisement and/or promotion of the programs:

Printed name of Parent/guardian:_____

Signature:_____Date:_____

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BEACH FUTBOL CLUB® USE ONLY

Tryout # _____ Misc. information:_____v2