



# 2011 Tryout Registration Form

Registrant: \_\_\_\_\_ Fall 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

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 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.nformation: \_\_\_\_\_ v3