



Age Group: _____ Reg. Date: _____

CAMAS/WASHOUGAL SOCCER CLUB SELECT TRYOUT REGISTRATION FORM

NO PRE-REGISTRATION REQUIRED

Name: _____ Sex: _____ Birth Date: _____

Address: _____ Fall Grade/School: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Emergency Contact: _____ Phone: _____

Last Club/Team: _____ Team Preference: _____

(If two teams in age group)

I hereby register my child to participate in the CWSC Select Tryouts for the Age Group listed above. I know of no mental or physical problems that may affect his/her ability to safely participate in the activity of the tryout. I hereby release and hold harmless the Camas/Washougal Soccer Club Board, Coaches and Volunteers from any and all liability that may arise out of my child's participation in this activity and authorize the Coaches and Volunteers to attend to any physical problems encountered during the tryout. I acknowledge that I am responsible for any and all medical expenses due to my child's illness and/or injury.

Signature _____

(Parent or Guardian)

Note: Players will not be allowed to participate in the tryout without a registration form signed by a parent or guardian

Tryouts will be held at Doc Harris Stadium

Go to www.cwsoccer.com for tryout schedule and coaching changes/information prior to the tryout.
Also see answers to frequently asked questions for Rec., Select and State League play.

All players should arrive at least 15-20 minutes prior to the scheduled start of the tryout in order to be registered and to warm-up. You will be observed as soon as you step on the field. Wear shoes appropriate for turf fields. Bring ball & water.

- **DO NOT WEAR** uniforms or warm-ups from Rec., Select, Premier or High School Teams.
- Wear appropriate clothing for a workout.
- **DO NOT BRING** your fall registration and/or check to the tryout. You will register on the internet later this spring.
- Gum, seeds and sugared drinks are not allowed on turf fields.