



Integra & Integra Academy Soccer Placements/Tryouts

Player's Information

First Name: _____ Last Name: _____

Birth Date: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

*If played at CCV last season, please specify team name: _____

*If you have not played at CCV before, what club/team did you play on last season?

Mother's Name: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Cell Phone: _____ Email: _____

Emergency Contact Name: _____

Phone: _____

MEDICAL RELEASE: I understand that there are certain risks of injury inherent in the practice and play of this sport and I am willing to assume these risks on behalf of my child. I certify that my child is in good physical condition and does not have any physical or mental disabilities or infirmities that would restrict full participation in the activities of this sport. I certify that my child may participate in strenuous activities related to this sport. My child may receive emergency medical treatment, if needed, and there are no limitations to my child's participation except where stated in writing. CCV STARS and its members are not responsible for any costs related to injuries incurred during the CCV STARS activities. I hereby release, discharge and/or otherwise indemnify CCV STARS, and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program. This includes transportation to or from the Program and social events whether the result of negligence or any other cause.

MEDIA RELEASE: By signing this form, I hereby give Christ's Church of the Valley licenses and legal representatives the irrevocable right to use mine or my child's name, picture, portrait, or photograph in all forms and media and in all manners. I am the parent or legal guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises. (Requests will be granted on a case-by-case basis.)

Parent/Guardian Signature: _____ Date: _____

\$15 Paid: Cash or Check# _____ CCV Staff/Volunteer Initials: _____ Notes: _____