

Voluntary Activities Participation Form

Liability Waiver

ACKNOWLEDGE AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to participate in the California Youth
Print Participant's Name
Soccer Association – South (CYSA-S) /Coastal Valley Soccer Club sponsored activities:

Indicate activity

I understand and acknowledge that these activities, by their nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | |
|-------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and /or back injuries | 8. Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the state association or club. I further understand and acknowledge that Coastal Valley Soccer Club and their coaching staff is in no way responsible, nor does Coastal Valley Soccer Club assume liability for any injuries or losses resulting from transportation to and from games, practices, and events.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks, which may be associated with participation in such activities.

I understand, acknowledge, and agree that Coastal Valley Soccer Club, the owners of the property on which this event takes place, its employees, officers or volunteers, shall not be liable for any injury/illness suffered by which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

(Player signature) _____ (date) _____

(Parent's signature) _____ (date) _____

Coastal Valley Soccer Club

TRYOUT REGISTRATION FORM



The Coastal Valley Soccer Club (CVSC) began more than 10 years ago in the Santa Maria Valley under the name of SMISO, (Santa Maria Independent Soccer Organization).

Training within CVSC is primarily provided by volunteer coaches. While some teams do have coaches or trainers that receive minimal compensation, the vast majority of our coaches donate their time and receive no compensation. Once again, this is a drastic difference between CVSC and other soccer clubs. In addition, CVSC currently has 8 coaches/trainers who are licensed at the USSF National D level or higher.

The Coastal Valley Soccer Club currently has 14 active teams within our club. We have extended our club to Nipomo and the Lompoc Valley where we now have three teams. With the addition of teams in Lompoc, CVSC was also able to secure two new soccer fields for our teams to use for practices, league games and tournaments. We are proud of our accomplishments, the freedom we give to all of our teams and the results that have been achieved by our teams over the years. We hope that you will consider the Coastal Valley Soccer Club for your team or player.



Player Name: _____

Date of Birth: _____ **Age:** _____ **Height:** _____ **Weight:** _____

Previous Experience:

of Years Played: CLUB: _____ Rec All Stars (AYSO, OUSL, SMVYSA): _____

REC(AYSO, OUSL, SMVYSA): _____ Other: _____

Preferred Field Positions/Strengths: _____



Parent/Guardian Name(s): _____

Home Phone # _____ **Cell #** _____ **Other** _____

Email: _____

Email: _____