

CARLSBAD WAVE U10 to U14 TRYOUTS

2012/2013 SEASON



Carlsbad Wave FC invites all passionate soccer players to try out for our 2012 teams. Following a great 2011 season we look forward to building on our successes, with quality coaching, quality players and great families.

Take your game to the next level with Carlsbad Wave FC!

BOYS & GIRLS tryout locations are located @
AVIARA park (6440 Ambrosia Ln, Carlsbad)

BOYS <u>Mon 2/13 & Wed 2/15</u>	GIRLS <u>Tues 2/14 & Thurs 2/16</u>
Boys U10 - 4:00-5:30pm	Girls U10 - 4:00-5:30pm
Boys U11 - 5:30-7:00pm	Girls U11 - 5:30-7:00pm
Boys U12 - 5:30-7:00pm	Girls U12 - 5:30-7:00pm
Boys U13 - 7:00-8:30pm	Girls U13 - 7:00-8:30pm
Boys U14 - 7:00-8:30pm	Girls U14 - 7:00-8:30pm

Please bring this completed form, and arrive 20 minutes early to register. Players should bring appropriate soccer attire; a soccer ball, water, and shin-guards.

Player Name _____ D.O.B. ___/___/___ Girls / Boys U ___

Current / Past Club _____

Father Name _____ Phone (_____) _____

Email _____

Mother Name _____ Phone (_____) _____

Email _____

Emergency Contact _____ Phone (_____) _____

MORE INFO: www.carlsbadwavefc.com QUESTIONS: Steve Cowell director@carlsbadwavefc.com or (760)822-5994

LIABILITY WAIVER: As the parent/guardian of the above child, I do hereby grant permission for him/her to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation including transportation to and from such activities and do hereby release and waive any and all claims or actions for damage or injury of whatever kind against Carlsbad Wave Soccer, volunteers and/or other participants arising from any activities of this sports program. I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of serious injury. Permission is granted to the hospital and its staff to provide any treatment that a physician deems necessary for the well being of this minor.

Print Name of Parent / Legal Guardian _____

Signature _____ Date _____