

# CARLSBAD WAVE U7, U8 & U9 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!*

## U7, U8 & U9 Tryouts for the 2012-13 season

Tryout dates / times for our U7, U8 & U9 teams have been announced. BOYS and GIRLS tryout locations are at **AVIARA park (6440 Ambrosia Ln, Carlsbad)**

### Tuesday January 10th and Thursday January 12th

	BIRTH DATE BETWEEN	GIRLS	BOYS	LOCATION
<b>U7</b>	August 1, 2005 – July 31, 2006	4:30-6:00	6:00-7:30	Aviara
<b>U8</b>	August 1, 2004 – July 31, 2005	4:30-6:00	6:00-7:30	Aviara
<b>U9</b>	August 1, 2003 – July 31, 2004	4:30-6:00	6:00-7:30	Aviara

Please bring this completed form, and arrive 30 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 \_\_\_\_

Emergency Contact \_\_\_\_\_ Current / Past Club \_\_\_\_\_

Father Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mother Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

MORE INFO: [www.carlsbadwavefc.com](http://www.carlsbadwavefc.com)

QUESTIONS: Steve Cowell [director@carlsbadwavefc.com](mailto: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 \_\_\_\_\_