



Commonwealth Soccer League, Inc.

Member Registration Form

3411 Shannon Park Dr. -- Fredericksburg, VA 22408

PHONE: 540-372-3320

E-MAIL: thecs11997@yahoo.com

WEB SITE: www.commonwealthsoccer.org

MEMBER NAME & ADDRESS

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

PHONE NUMBERS:

Home: _____

Work: _____

Cell.: _____

E-mail: _____

OTHER INFORMATION:

County of Residence: _____

U.S. Citizen (Circle): Yes No

Team Name: _____

Pass ID No.: _____

Date of Birth: _____

Sex (Circle): Male Female

Total Fee Enclosed: _____

** - Plus \$6 if replacing lost pass*

Season: Fall Spring Summer

Status: New Returning

Previous Team Name: _____

RELEASE AND DISCLAIMER

I agree and understand soccer is a contact sport involving risk of serious injury, disability or death. Not all risks are foreseeable. I knowingly assume any risks associated with my participation in the CSL. Further, I represent that I am in good physical condition and have no medical or physical conditions that would impair my ability to participate in the CSL. In consideration of being allowed to participate, I agree to release, waive and covenant not to sue the United States Amateur Soccer Association or its affiliates, together with the CSL and its officers, agents and employees, for any and all claims for damages arising from injury, death or property damage caused by my participation in the CSL or alleged to be caused in whole or in part by CSL's actions or omissions.

I also agree to adhere and abide by the Bylaws and Policies & Procedures which govern the League and its members.

I further agree I, the undersigned, perform all work for CSL, Inc. as a volunteer and I grant CSL sole ownership of that work, including intellectual properties of said work. I further stipulate no compensation is due me without prior written, signed agreement by both CSL, Inc. and myself expressing the specific terms of that agreement.

Finally, I agree all information provided herein is true and correct. I have read the release and disclaimer on this form and recognize that I give up substantial rights by signing.

PLEASE PRINT, SIGN & DATE BELOW:

Printed Name: _____

Signature: _____

Date: _____

FOR CSL USE ONLY:

Amount Paid: _____

Check/Cash: _____

Check No.: _____

Date Paid: _____

Other Notes: _____