

CHURCHLAND SOCCER LEAGUE

PO Box 5096 Portsmouth, VA 23703



VOLUNTEER INFO FORM

(PLEASE PRINT CLEARLY)

LAST NAME FIRST NAME MI INITIAL

HOME ADDRESS CITY ZIP CODE

HOME PHONE WORK PHONE CELLULAR - OTHER

E-MAIL ADDRESS DATE OF BIRTH GENDER M / F

EMERGENCY CONTACT PHONE CELL PHONE/PAGER

ABIDE BY RULES AND RELEASE

I, agree that I will abide by the rules of the USYSA, VYSA and it's affiliated organizations and Churchland Soccer League (CSL). Recognizing the possibility of physical injury associated with soccer and in consideration for the activities, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and CSL, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

PRINT NAME _____ SIGNATURE _____

KIDSAFE FORM YES DATE SIGNED _____

COACHES LICENSE NONE F E D OTHER CIRCLE LATEST COACH APPLICATION Yes or No ?

OTHER SOCCER EXPERIENCE: _____

Position or Job desired