



CPCC Soccer Player Information Form
 Term fall 2009

- Completed profile
- CPCC Accident Insurance verified
- Waiver/release signed
- NCASA form & payment received (\$30)
- Photo ID
- Uniform fee received (if applicable)

To be placed on the club playing roster, all steps must be completed by September 3.

NAME (FIRST, M.I., LAST) _____

NAME YOU PREFER TO BE CALLED ("NICKNAME") _____

ADDRESS & ZIP _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH (mm/dd/yy) _____ CPCC email _____

EMERGENCY CONTACT (name/phone) _____

List below the two "highest level" teams for which you have played or are currently playing.
TEAM / SCHOOL or ORGANIZATION YEAR POSITIONS PLAYED

If you currently <u>possess</u> a CPCC Soccer jersey, indicate size and jersey #	S M L XL	
If you are <u>requesting</u> a CPCC Soccer jersey, indicate size and preferred #	S M L XL	

IF SELECTED FOR THE PLAYING ROSTER:

- ⚽ I plan to participate in ____% of the games and ____% of weekly practices.
- ⚽ I will exhibit sportsman-like behavior at all games and practices.
- ⚽ In understand that in case of injury to myself during tryouts, practices, or games, or transportation to and from the same, I waive all claims against CPCC or its representatives.

PAGE 2 to be signed in presence of CPCC Athletic Coordinator

STEPS TO BE PLACED ON THE PLAYING ROSTER

1. Review and update as necessary your personal information on page 1.
2. Read and sign the waiver below.
3. Provide proof of Student Accident Insurance (bring Student Life a copy of receipt from College cashier).
4. NC Adult Soccer Association registration and (\$30) payment
5. Photo ID

The undersigned, being over the age of 18 years, does hereby acknowledge that there are risks of physical harm and injury inherent in **Student Life activities**, including but not limited to, working with people, participating in sports and recreational activities, and in transportation to and from related activity sites. As partial consideration of being allowed to participate in this activity with **Central Piedmont Community College**, I hereby assume **all risks** in the travel activity and connected activities and hereby knowingly and intentionally **waive any and all claims**, of whatsoever kind or nature, against such institutions which may arise out of this activity. I specifically acknowledge that in performing these activities, I am doing so in the status of an individual participant, and not an employee or agent of Central Piedmont Community College.

I further waive any and all claims which may arise from such Student Life activities, acknowledge that workers compensation benefits are not extended to me in my capacity as a student participant and hold Central Piedmont Community College harmless from any of my negligent acts. I further state that I am not in any way an employee of Central Piedmont Community College in any capacity. I specifically grant this waiver of claims and will indemnify and hold harmless such institutions and individuals from any claims.

Print your name

Signature

(month) / (day) / 2009

Date

