



**PO Box 14304 Tumwater, WA 98511 SPRING JUNIOR SOCCER PROGRAM PLAYER
REGISTRATION –2020 FEE: \$55.00 for Online Registration - \$60.00 for Mail-In
Registration**

Registration Date: _____ *Month/Day/Year*

Player's Name: _____
First Middle Last

Player's Address: _____
Street City Zip Code

Male / Female (*Circle One*) **Birth Date:** _____ *MM/DD/YY* **Current Age:** _____ *years*

Parent/Guardian Name: _____ **Relation to Player:** _____

Address: _____ *If different than player*

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

TSC Club Year (*circle one*): First, Returning from Last Year, Other Year Played: 201_____

Grade: _____ **School** (*circle one*): Black Lake East Olympia; MT Simmons PG Schmidt Tumwater Hill Littlerock
Tumwater Middle Bush Middle Tumwater HS Black Hills HS
Other _____ **Previous Club:** TSC, Other Club Name _____

T-shirt Size: YOUTH x-small small medium large **ADULT:** small medium large

Consent Agreement:
I hereby consent to the participation of the player named above in TUMWATER SOCCER CLUB activities. These activities include practices, games, tournaments or other activities authorized by the Washington State Youth Soccer Association (WSYSA). I hereby agree to waive, on my behalf and on behalf of my child, any and all claims for damages resulting from my child's participation in TUMWATER SOCCER CLUB program activities; against my child's soccer team; its coaches; managers and sponsors; the Tumwater Soccer Club; the Thurston County Youth Soccer Association; its affiliated clubs; assigned referees and officials; except as limited to the recovery specified in the insurance policy provided by the Washington State Youth Soccer Association to each player as part of the registration fee collected by the individual club as part of the Tumwater Soccer Club.

Parent/Guardian Signature: _____ **Date:** _____

Please send a check for \$60.00 made out to the "Tumwater Soccer Club" with your **registration form, the concussion compliance form**, and a copy of the child's birth certificate (if needed) to:

Tumwater Soccer Club, PO Box 14304, Tumwater WA 98511

Mailed in registration forms must be received no later than March 31st, 2020. A \$10 late fee will apply to all registrations received after March 31st. **Multiple Player discount for families: \$60 - 1st child, \$50 - 2nd and each additional child.

For Club use only: Check _____ Birth Certificate _____



PO Box 14304 Tumwater, WA 98511

**TUMWATER SOCCER CLUB
LIMITED POWER OF ATTORNEY
FOR EMERGENCY MEDICAL CARE AUTHORIZATION**

(Please print except for signature)

This is to certify that the bearer of this letter has the permission of the undersigned to authorize necessary emergency medical care by the attending medical provider or others they may choose in case of accidental injury, ingestion or illness.

Player Name: _____

Players Guardian Name: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Relation: _____

Physician Name: _____ **Phone:** _____

Notes: _____

Insurance Company: _____

Policy # _____ (optional) **Allergies:**

Special Medical Conditions:

Parent/Guardian Signature: _____ **Date:** _____

OPTIONAL PHOTO WAIVER: I agree that photos of my child may be taken during activities related to the Tumwater Soccer Club and give my permission for these photos to be used in materials to promote the Tumwater Soccer Club and its programs (such as on the Tumwater Soccer Club website, TSC brochures, or Facebook). At no time will the name of any child be identified in a photo used for these purposes.

Parent/Guardian Signature: _____ **Date:** _____

