



www.tumwatersoccerclub.org ~ PO Box 14304 Tumwater, WA 98511

RECREATIONAL YOUTH SOCCER PLAYER REGISTRATION – SPRING 2019

SPRING LEAGUE PLAYER REGISTRATION ~ Registration Deadline: February 10th, 2019

\$85 Mail in Registration (\$75 Online Registration)

****To register online and save \$10, visit tumwatersoccerclub.org****

Registration Date: _____ Month/Day/Year

Player's Name: *First* _____ *Middle* _____ *Last* _____

Player's Address: *Number & Street* _____ *City* _____ *Zip Code* _____

MALE / FEMALE (*Circle One*) Birth Date: _____ M/D/Y Current Age: _____ years

Parent/Guardian Name: _____ Relation to Player: _____

Address: _____ *If different than player*

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email (print clearly): _____

TSC Club Year (*circle one*): First Year / Returning from Last Year / Other Year Played: 20_____

School Grade: _____ School (*circle one*): Black Lake / East Olympia / MT Simmons / PG Schmidt
Tumwater Hill / Littlerock / Tumwater MS / Bush MS / Tumwater HS / Black Hills HS / Other: _____

Previous Club Experience: TSC / Other Club _____ Playing Level: Rec, District, Premier

Team Preference: Same Team as Last Year / Different Team / Same School (*circle one*)

With player named: _____ With Coach Named: _____

Other Preferences: _____

Registration does not guarantee placement on a team. Make-up of teams is dependent on number of children who register; factored for age and gender. Please include a signed concussion compliance form and the sudden cardiac awareness form.

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 Youth Soccer (WYS). 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: _____

For Club use only: Processed by _____ Date _____

Birth Certificate _____ Cash Amt. _____ Check Amt _____ # _____



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**TUMWATER SOCCER CLUB
LIMITED POWER OF ATTORNEY
FOR EMERGENCY MEDICAL CARE AUTHORIZATION
(This form will be provided to your child's coach)**

(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's Name: *First* _____ *Middle* _____ *Last* _____

Parent/Guardian Name: _____ **Phone:** (____) _____

Emergency Contact: _____ **Phone:** (____) _____

Relation: _____

Physician Name: _____ **Phone:** (____) _____

Physician Note: _____

Insurance Company: _____

Policy # _____ (optional) **Group:** _____ (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 web site, in TSC brochures or on the TSC Facebook page). At no time will the name of any child be identified in a photo used for these purposes.

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

Please mail a check for \$85 -- payable to "Tumwater Soccer Club"
Include a completed and signed registration form, a copy of the child's birth certificate, (if your child has never been registered in a TSC Program), and a **signed Concussion Compliance waiver & Sudden Cardiac Arrest waiver** to:

Tumwater Soccer Club c/o Spring Registration PO Box 14304 Tumwater, WA 98511

Registration forms must be post-marked no later than February 10th to avoid a \$10 late fee.