



[www.tumwatersoccerclub.org](http://www.tumwatersoccerclub.org) ~ PO Box 14304 Tumwater, WA 98511

## RECREATIONAL YOUTH SOCCER PLAYER REGISTRATION – SUMMER 2018

**SUMMER LEAGUE PLAYER REGISTRATION ~ Registration Deadline: May 27<sup>th</sup>, 2018**

**\$75 Mail in Registration (\$65 Online Registration)**

**\*\*To register online and save \$10, visit [tumwatersoccerclub.org](http://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.**

### 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 Youth Soccer 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 to be retained and given 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 \$75 -- payable to "Tumwater Soccer Club".  
The completed and signed registration form, a copy of the child's birth certificate, (if your child has never been registered in a TSC Program), a **signed concussion compliance waiver, and the sudden cardiac arrest waiver** to:

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

Registration forms must be post-marked no later than May 27<sup>th</sup> to avoid \$10 Late Fee.