

THELO UNITED FUTBOL : Strength, Want & Desire

P.O. Box 67233, Milwaukie, Oregon 97268 - www.TheloUnited.org

Number _____

Classic Soccer Program – High School Winter Program

Player Information:

_____ FIRST NAME	_____ LAST NAME	_____ MIDDLE INITIAL	
_____ MAILING ADDRESS	_____ CITY	_____ ZIP CODE	
() _____ HOME PHONE NUMBER	_____/_____/_____ BIRTHDATE	BOY/GIRL (CIRCLE)	_____ SCHOOL

Parent/Guardian Information:

_____ FATHER/GUARDIAN'S NAME	() _____ CELLULAR PHONE	_____ MOTHER/GUARDIAN'S NAME	() _____ CELLULAR PHONE
_____ PRIMARY E-MAIL	_____ SECONDARY E-MAIL		
_____ PRIMARY CONTACT	_____ EMERGENCY CONTACT	() _____ PHONE	
_____ HOSPITAL PREFERRED	() _____ DOCTOR	() _____ PHONE	
_____ LIST ANY MEDICAL PROBLEMS OR LIMITATIONS PLAYER HAS			
_____ INSURANCE COMPANY	_____ POLICY NUMBER		

PARENTAL ACKNOWLEDGEMENTS AND AGREEMENTS

1. I the parent or guardian of the registrant, a minor, agrees that the registrant and I will abide by the rules and policies of Thelo United Futbol (TUF), the Oregon Youth Soccer Association (OYSA), the Unites States Youth Soccer Association (USYSA), and their affiliated organizations and sponsors.
2. I recognize the possibility of physical injury associated with soccer and in consideration for TUF, OYSA and USYSA accepting the registrant for it's soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify TUF, OYSA and USYSA, it's affiliated organizations and sponsors, their employees (either paid or volunteer) and associated personnel including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs and/or being transported to or from the same, which transportation I herby authorize.
3. I hereby represent and certify that the age of the registrant listed above is correct.
4. **CONSENT FOR MEDCIAL TREATMENT (MINOR)** as the parent or guardian of the registrant, I hereby consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the live, limb, or well being of my dependent.
5. I represent that I am the parent or legal guardian of the above named registrant and that I have read and acknowledged that I have read and understand the above statements.

ACKNOWLEDGED AND AGREED:

X _____

DATE _____

M

SOCCER EXPERIENCE & PREVIOUS CLUB INFORMATION

Previous years of experience: _____

Soccer Club currently registered with: _____

Preferred position: _____

Prior coach's name: _____

ORGANIZATION USE ONLY

Try-out Fee: \$ _____

Registration Fee: \$ _____

Payment received \$ _____

Scholarship: \$ _____

Sub-total: \$ _____

Balance \$ _____

Date: _____ Cash/Check # _____ Rcv'd by _____

Equipment:

- All players are required to wear shin guards and the shin guards must be covered by knee high socks.

Team Assignments:

- Upon completion of registration, the players will participate in a mandatory tryout. If a player is selected, they will be notified within a week from the end of tryouts. Players are required to notify their prospective coach as soon as possible.

Age Levels:

<u>Age Group:</u>	<u>Birth Date:</u>
U-15	08-01-94 to 07-31-95
U-16	08-01-93 to 07-31-94
U-17	08-01-92 to 07-31-93
U-18	08-01-91 to 07-31-92
U-19	08-01-90 to 07-31-91

- Age groups may be combined and played at the age group of the oldest player on the team

Cost:

Registration fees for those selected for WINTER Season of 2010 are \$195.00; due DECEMBER 6, 2009. **NEW POLICY: YOU WILL NOT BE ALLOWED TO PARTICIPATE IF NOT PAID IN FULL BY THIS DATE.**

Registration fees cover Oregon Youth Soccer Association (OYSA) fall registration, player and coach's card, Classic Qualifying Tournament and start up fees.

Additional costs: Uniforms, Minimum package cost \$77.50, Maximum package about \$195.00, plus Tournament Entry Fees

Refunds:

- All requests for refunds must be submitted to the organizations Registrar. The registration fee is due no later December 6, 2009; refunds will not be issued after December 8th, 2009.

Dates and Locations:

11/22/09 Boys 6-730pm, Girls 730-9pm Milwaukie High School
11/23/09 Girls 6-730pm, Boys 730-9pm Rex Putnam High School
11/30/09 If needed, TBA

**PLEASE CHECK FOR LOCATIONS ON WEBSITE
WWW.THELOUNITED.ORG**