

THELO UNITED FUTBOL: Strength, Want & Desire

Number _____

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

pd _____

Classic Soccer Tryouts – FALL of 2010

Player Information:

_____ FIRST NAME as it appears on birth certificate	_____ 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	
_____ DOCTOR'S NAME	() _____ PHONE	_____ EMERGENCY CONTACT	() _____ PHONE

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 _____
M

DATE _____

Equipment:

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

Team Assignments:

- o 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:

Age Group:

Birth Date:

U-14	08-01-96 to 07-31-97
U-13	08-01-97 to 07-31-98
U-12	08-01-98 to 07-31-99
U-11	08-01-99 to 07-31-00
U-10	08-01-00 to 07-31-01 (playing up on a U-11 team. Spots are limited)

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

Request to Play Up:

Players will only be considered for the level of play that they try out for. Players are required to pay the \$20.00 tryout fee per each age group

Cost:

Registration fees for those selected for Fall Season of 2010 are \$250.00 for U12-U14 and \$150 for U11; due June 10th, 2010. A late fee will be charged after June 15th. Player cards will not be given until the fee is paid in full. Registration fees cover Oregon Youth Soccer Association (OYSA) fall registration, player and coach's card, Classic Qualifying Tournament, field time, basic team equipment and start up fees.

Additional costs: Uniforms (approximately \$275), Tournament Entry Fees, and travel

Scholarships: Scholarship requests are due by June 1, 2010. All scholarship requests must fill out the Scholarship request form, including all required documentation and \$50 fee. Late requests will not be considered. Please submit it to Thelo United Futbol, PO Box 67233 , Milwaukie OR 97268

Refunds:All requests for refunds must be submitted to the organizations Registrar. The registration fee is due no later June 10th, 2010; refunds will not be issued after June 15th, 2010.

Dates and Locations:

All day Sunday 05/09/10	Monday 05/10/10 @ 630-830p	Tuesday 05/11/10 @ 630-830p
All age Boys at Milwaukie HS	U13-U14 Boys and Girls	U11-U12 Boys and Girls
All age Girls at Rex Putnam HS	Alder Creek MS	Alder Creek MS

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

SOCCKER 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: \$ _____

Scholarship: \$ _____

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