



Tualatin Hills United Soccer Club

515 NW Saltzman Road, Suite 821
Portland, Oregon 97229

(503) 672-9264 x516

http://www.thusc.org

1999-2000 FALL REGISTRATION FORM

Please complete and bring with birth certificate (new players only) and two checks payable to THUSC.

Player Information: (list LEGAL name as it appears on the birth certificate!)

Name: _____ Birth Date: ____/____/____ Male Female
Last First Middle M D Y

Address: _____
Address City Zip Code

Home Telephone: _____ Best time(s) to call: _____

E-mail: _____ Fax Number _____

Last team and coach: _____ School: _____ Grade: (1999-00) _____

IMPORTANT: Do you live in the Tualatin Hills Park and Recreation District? YES NO

Family Information:

Father: _____ Home Phone: _____
First Last

Employer: _____ Work Phone: _____
Company / Location

Mother: _____ Home Phone: _____
First Last

Employer: _____ Work Phone: _____
Company / Location

Parent/Guardian Consent for Medical Treatment:

I, as Parent/Guardian, authorize my son/daughter to participate in the Tualatin Hills United Soccer Club as a player. In case of emergency I hereby authorize the above named player to be treated at the nearest available hospital or clinic, and authorize the coach or other designated adult to provide transportation as may be required for such treatment.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, another adult we can contact: Name: _____

Relationship: _____ Phone: _____

Health Insurance Carrier: _____ Doctor: _____ Phone: _____

Policy, Group or other identification Number(s) - please identify: _____

Date of last tetanus shot: ____/____/____

List any medical problems and medication taken: _____

FOR REGISTRAR'S USE ONLY

\$30 Check # _____ TRYOUT FEE (NON REFUNDABLE)

\$330 Check # _____ NEW THUSC PLAYER

\$245 Check # _____ RETURNING THUSC PLAYER

Birth Certificate

Refund sent \$ _____ Date ____/____/____



Tryout Number