

Player Participation Form

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

| Player: | | | |
|---|--------------------|-------------------------|------------------|
| First Name | Middle Name | Last Name | |
| Address: | | | |
| Address | | City | Zip Code |
| Home Phone: | Alte | rnate Phone: | |
| Birth Date:/ Sex:Ma | ale Female | E-mail: | |
| Last Club and Team: | | School: | _Grade:(in Fall) |
| Does your family reside within the Tualatin Hills | Recreation Departm | nent Boundary Yes No |) |
| Need a new Adidas club uniform? | NO Sizes A | Available: YS YM YL YXL | AS AM AL AXL |
| Player Size: T-Shirt: Jersey: | Shorts: Soc | ck: Sweats: Nu | mber Choice |
| Family Information: | | | |
| Father: | | Home Phone: | |
| First Last | | | |

| I autor. | | | |
|-----------|---------|------|-------------|
| | First | Last | |
| Employer: | | | Work Phone: |
| 1 0 | Company | | |
| Mother: | | | Home Phone: |
| | First | Last | |
| Employer: | | | Work Phone: |
| 1 7 | Company | | |

Parent/Guardian Consent to Participate:

As Parent/Guardian, I authorize my child to participate with the *Tualatin Hills United Soccer Club* as a player and agree to be bound by the club's Bylaws, Policies & Procedures, Club Member Handbook, and decisions of the Board of Directors. I understand my child will have the opportunity to participate in this activity and agree to pay the identified fees. Payments may be made by using PreEnroll.com or by submitting a check made out to THUSC. Failure to make payments by the due date will result in a \$30 late fee and may be cause to remove the player from the identified club activity. I furthermore agree that if my team or player causes a fine to be levied upon the club for ANY reason, that I will pay the amount of the fine as requested by the club within 14 days of said request.

| Parent/Guardian Signature: | | Date | 2: | |
|---|--------------------|----------------|----------------------|--|
| Please check which program you are registering for: | | Age G | roup: | |
| 🗌 Classic 📃 High Scho | ool 🗌 U10 Devel | opment | | |
| 🗌 U14 Summer 🗌 Clinic: | | Tryout | Number: | |
| Notarized Medical Release Form | | | | |
| Copy of player's birth certificate or passport | | | Club Number: | |
| Payment included: \$ | Check #: | | | |
| 515 NW Saltzman, PMB 821 | Portland, OR 97229 | (503) 626-1923 | http://www.thusc.org | |