



Westside Timbers Soccer Club

REGISTRATION FORM

2018/2019

PLEASE PRINT and COMPLETE ENTIRE FORM

Please complete with the player's name EXACTLY AS IT IS ON BIRTH CERTIFICATE

First _____ Last _____ Male Female

Date of Birth _____ School (Fall 2018) _____

Address _____ City _____ State _____ Zip _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

THPRD Member: YES No THPRD # _____

What soccer Club did you play for last year? _____ Name of team? _____

Country of Birth: _____ Has player played soccer while living outside the USA? Yes No

If born outside USA: How old was player when he/she moved to United States: _____

What is the PLAYERS Citizenship: United States Other: _____

Parent/Guardian #1 Information Relation to player: Father Mother Guardian This person will be FINANCIALLY RESPONSIBLE

Name _____ EMAIL _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Parent/Guardian #2 Information Relation to player: Father Mother Guardian

Name _____ Email _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Financial Assistance. Please note that Financial Assistance is NOT available for the Development Programs (WDP)

Are you planning to apply for financial assistance? Yes No

Those applying for Financial Assistance are still required to make the initial payment of \$250 by the due date.

Emergency Contact—OTHER THAN PARENT

Name	Relationship	Primary Phone

Has player ever suffered a Concussion? Yes No How many? _____ Date of Last Concussion? _____

Allergies & Medical Concerns: _____

Physician: _____ Phone: (_____) _____ Preferred Hospital: _____

Insurance Provider: _____ Group/ID #: _____

CONSENT TO PLAY:

I (PLEASE PRINT) _____ as parent/guardian do hereby give my permission for all medical care prescribed by a duly licensed doctor of medicine for my dependent. This care may be given under whatever conditions are necessary to preserve life, limb or well-being for my dependent. I also agree to pay club fees as posted on our website (www.westsidetimbers.org) if placed and accepted on a Westside Timbers team or in the Development Program (WDP).

Signature: _____ Date: _____ Relation to player: Father Mother Guardian

OFFICE USE : Beaverton T/S TD WDP PD COMP Date: _____ Tryout # _____ Birth Year _____

Tryout Fee Paid: Cash Check Square Other: _____