



Westside Timbers Soccer Club

REGISTRATION FORM

2019/2020

PLEASE PRINT and COMPLETE BOTH SIDES OF FORM

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

First _____ Last _____ Male Female

Date of Birth _____ School (Fall 2019) _____

Address _____ City _____ State _____ Zip _____

OPTIONAL Player's Phone (_____) _____ OPTIONAL Player's Email: _____

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 PLAYER'S Citizenship: United States Other: _____

Parent/Guardian #1 Information – Relationship to player: Father Mother Guardian

I acknowledge that I am the person who will receive, by email,—ALL financial statements and I am the PRIMARY Contact for all Club Fees. I acknowledge that I will check the email below regularly and make all payments on time. Initial Here: _____

Name _____ Email _____

Cell Phone (_____) _____ Secondary Phone (_____) _____

OPTIONAL: Parent/Guardian #2 Information— Relationship to player: Father Mother Guardian

Name _____ Email _____

Cell 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 we will send out after teams are formed

Those applying for Financial Assistance are still required to make the initial payment of \$295 by the due date.

Emergency Contact—OTHER THAN PARENT

Name:	Relationship:	Phone #:
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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, of the above named player, recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the Westside Timbers Soccer Club, USYSA, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees of and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of the players participation in the USYSA, US Club Soccer programs, and/or being transported to or from the same, which transportation I hereby authorize.

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



Medical Release Waiver

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the player with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the player to a medical treatment facilities should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the Westside Timbers Soccer Club, USYSA, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees of and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of the players participation in the USYSA, US Club Soccer programs, and/or being transported to or from the same, which transportation I hereby authorize.

Initial here: _____

Play Safe Waiver

By signing up for participation with Westside Timbers, you agree to allow coaches, assigned Providence Sports Medicine Athletic Trainers and club administrators to report and follow up with you about your child’s injuries through a program called Providence Play Safe. Play Safe uses the Healthy Roster software platform for reporting injuries. All players that accept a position on the team will receive an email invite to sign up for a free Healthy Roster account, which will notify you of any reported injuries for your child. It also gives you the ability to reach out to a Providence Athletic Trainer for sports health/injury questions. You are not obligated to seek medical attention from Providence Medical Staff - Providence Play Safe is simply a resource available to families of Westside Timbers teams.

Initial here: _____

General Concussion Information

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious. WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until hours or days after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow or jolt to the head or body, he or she should be kept out of play the day of the injury and until a physician, experienced in evaluating for concussion, provides written confirmation that he or she is symptom-free and it’s OK to return to play with NO RESTRICTIONS.

Initial here: _____

Financial Commitment

If placed and accepted on a Westside Timbers team or in the Development Program (WDP). I agree to pay club fees as posted on our website (www.westsidetimbers.org). I also agree and understand that Westside Timbers Soccer Club reserves the right to register and retain any player for the next seasonal year who has not met their financial obligations to the club and/or team prior to the Tryouts for the next seasonal year, in accordance with the Club Financial Policy.

Initial here: _____

Required Documentation

If a player is offered a spot on a Westside Timbers Competitive team and the player is **NEW to the Westside Timbers** you will be required to provide a copy of his/her Birth Certificate or Passport.

Initial here: _____

OFFICE USE ONLY	LOCATION: Beaverton <input type="checkbox"/>	T/S <input type="checkbox"/>	The Gorge <input type="checkbox"/>	Program: WDP <input type="radio"/>	PD <input type="radio"/>	COMP <input type="radio"/>
Tryout Fee Paid:	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Square <input type="checkbox"/>	Other: _____		
Date: _____		Birth Year _____		Tryout # _____		
Notes:						