



Camp Participation Form

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

Player: _____
First Name Last Name

Address: _____
Address City Zip Code

Home Phone: _____ Alternate Phone: _____

Birth Date: ____/____/____ Sex: Male Female E-mail: _____

Last Club and Team: _____ School: (2003-04) _____ Grade: (2003-04) _____

Requested Camp Session _____ Fee Enclosed _____

T-Shirt Size Requested (circle One) YS YM YL AS AM AL AXL

Family Information:

Father: _____ Home Phone: _____
First Last

Employer: _____ Work Phone: _____
Company

Mother: _____ Home Phone: _____
First Last

Employer: _____ Work Phone: _____
Company

Parent/Guardian Consent to Participate:

As Parent/Guardian, I authorize my child to participate with the *Tualatin Hills United Soccer Club* Camp . . I understand the inherent risks of such participation and release the Club and its representatives, including its Board, Coaches and their successors from liability. I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Family Doctor _____ Phone _____ Date of last Tetanus Booster: ____/____/____

Insurance Co _____ Policy No _____

Known allergies, including any allergies to medicine or other issues _____

Age Group: _____

Parent/Guardian Signature: _____

Date: _____

Club Number: _____