



# Tualatin Hills United Soccer Club

515 NW Saltzman Road, Suite 821  
Portland, Oregon 97229

(503) 626-1923

http://www.thusc.org

## 2001-2002 REGISTRATION FORM

Please complete and bring with birth certificate 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: (2001-02) \_\_\_\_\_

*IMPORTANT: Do you live in the Tualatin Hills Park and Recreation District?  YES  NO  
I would like to make a donation to the THUSC Scholarship Fund in the Amount of \$ \_\_\_\_\_*

### 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 and Authorization for Medical Treatment:

I, as Parent/Guardian, authorize my son/daughter to participate in the Tualatin Hills United Soccer Club as a player and agree to be bound by the club's By-Laws, Policies & Procedures, and decisions of the Board of Directors. 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: \_\_\_\_\_

List any medical problems and medication taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### FOR REGISTRAR'S USE ONLY

- \$25 TRYOUT FEE (NON REFUNDABLE) Check # \_\_\_\_\_ Cash
- \$395 REG FEE (REFUNDABLE) Check # \_\_\_\_\_ Cash
- Payment Plan Application Received \_\_\_\_\_
- Financial Aid Application Received \_\_\_\_\_



Age Group: \_\_\_\_\_

Birth Certificate