

# TFA Willamette

## Tryout Registration

PLAYER'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF YOU PLAYED FOR TFA BEFORE, WHAT TEAM?: \_\_\_\_\_ JERSEY #: \_\_\_\_\_

PARENT/GAURDIAN NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ 2<sup>ND</sup> PHONE # (HOME/WORK): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY (other than parent guardian):

NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

### RELEASE STATEMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of TFA Willamette, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for TFA-Willamette accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify TFA-Willamette, its affiliated organization and sponsors, their employees and the associated personnel, including the owners of the fields and facilities utilized by the Program, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I authorize.

### CONSENT FOR MEDICAL TREATMENT (MINOR)

I, the parent/guardian of the registrant, hereby give consent for emergency medical care prescribed by a licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary for the well-being of my dependent.

\_\_\_\_\_  
PARENT GUARDIAN signature for release/consent

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
MEDICAL INSURANCE CO.

\_\_\_\_\_  
POLICY #

OFFICE USE ONLY (TFA STAFF OR TEAM MANAGER)

\_\_\_\_\_\$20 FEE COLLECTED | \_\_\_\_COPY OF BIRTH CERTIFICATE | BORN IN USA? YES / NO | \_\_\_\_TSHIRT

**PLEASE MAKE CHECKS PAYABLE TO "TFA"**