



Table Rock Soccer Club - Registration: Fall Spring

Please include the following items with this form:

1. Completed Form
2. Payment
3. Birth Certificate for competitive

Mail to: TRSC
P.O. Box 3904
Central Point, OR 97502

Message Phone# (541) 261-9210 • www.tablerocksoccer.com •

Forms will not be accepted without fees, make checks out to TRSC.

Registration Fees / Season Recreation (Paper)\$49.00 Kindersoccer (Paper).....\$30.00 Competitive (Paper Only)\$110.00 Late fee.....\$10.00	Mark one: Kinder <input type="checkbox"/> Recreational <input type="checkbox"/> Competitive <input type="checkbox"/>	Club Use: Division U- _____ Registrar _____ Check# _____ Fee For F&S, One Only
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Tax deductible scholarship fund donation \$10.00 \$20.00 _____ other

Today's Date: _____ *No refunds if child is placed on a team*

Fathers Name _____ Mothers Name _____
 Address _____ City _____ Zip _____
 Alternate person to call in case of emergency _____ Cell or Phone _____
 Home Phone _____ Work Phone _____ / _____ Cell Phone _____ / _____
 Email _____

Player Name _____ Age _____ M / F Grade _____
 Date of Birth _____ School _____
 Returning Player? Yes / No Seasons Played? _____ Recreational or Competitive
 List any medical problems, medications needed or allergies _____
 Primary Physician _____ Phone _____ Ins. Co. _____
 Most Recent Coach _____ Buddy Request _____
 Comments _____

Save Money! Register Online!

WE ALL ARE VOLUNTEERS AND WE NEED YOUR HELP! PLEASE!!

Please circle at least one:

Administrative help	Coach	Referee	Assistant Coach
Team Parent	Field Maintenance	Coordinator	Board Member

As the parent or legal guardian of _____, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature _____ Date _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer, and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on 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 hereby authorize.

Signature _____ Date _____