

Check our website for registration dates

- Academy U5-U8 \$49.00
- U9-U15 \$89.00
- \*Equipment / Processing Fee +\$6.00

A \$10 credit will be issued for each Proficiency Camp (PC) attended (maximum of \$20), towards next season's registration fee.

[www.tablerocksoccer.com](http://www.tablerocksoccer.com)



Date: \_\_\_\_\_

Payment: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Please include payment with this form.  
P.O. Box 3904  
Central Point, OR 97502  
541.261.9210

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M / F  
                    First                    Middle                    Last

Current School: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Has the player ever participated in soccer activities outside of the U.S.? YES NO

# of seasons the player has played soccer: \_\_\_\_\_ Most Recent Coach: \_\_\_\_\_ Club: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Acknowledgement / Release

➡ 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.

Medical Conditions/Medications/Allergies: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Concussion Awareness

➡ I \_\_\_\_\_, agree to complete concussion awareness training at [http://nfhslearn.com/home/coaching\\_requirement](http://nfhslearn.com/home/coaching_requirement), as required by the state of Oregon for both Parents and Coaches.

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 a 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 organization and sponsors, their employees and associated personal including the owners of the 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.

### Acknowledgment

By signing below, I certify that the information I have provided herein is true and accurate to the best of my knowledge. Both the registrant and myself, have reviewed and agree to adhere to the Table Rock SC Code of Conduct. I acknowledge that photographs of the registrant may be taken in connection with soccer and club related activities and I authorize Table Rock SC, its assigns and members to use and publish the same in print and/or electronically and photos may be used with or without my player's name, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Table Rock SC strives to ensure that all players are Measured and Encouraged and provides opportunities for players that are 10U-15U to attend PC's. By signing my name in the box below I acknowledge and understand that players are expected to attend at least one of these PC's prior to the season starting. Furthermore, I understand that if my player does not attend at least one of the PC's offered, they will be placed on an intramural Krush Team.

**A \$10 credit will be issued for each camp attended (maximum of \$20), towards next season's registration fee.**

➡ Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We are all volunteers and appreciate YOUR help!