

# CAMAS/WASHOUGAL SOCCER

Call for Info: 834-6292

**RETURNING PLAYER FEE:**

MAY \$45.00  
JUNE \$50.00  
JULY \$55.00  
AUG. \$60.00

**NEW PLAYER FEE**  
**\$45.00**

**NO REFUNDS AFTER AUG. 1**

**Except:**

1. Doctor's Certificate
2. Family moving out of CWSC area

Make checks payable to: CWSC

**Please do not detach the forms: Return both copies.**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

1999 Team: \_\_\_\_\_

1999 Coach: \_\_\_\_\_

**New players must submit a copy of his/her CERTIFICATE OF LIVE BIRTH with this registration. (Hospital certificates are not acceptable.)**

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

School attending in Fall: \_\_\_\_\_ Fall Grade: \_\_\_\_\_

Father \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_  
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**PARENT OR GUARDIAN AUTHORIZATION AND WAIVER OF LIABILITY and CONSENT FOR MEDICAL TREATMENT. THIS MUST BE COMPLETED IN FULL, SIGNED AND DATED**

I, the parent or guardian of the above named player, hereby give my consent and agree to release, indemnify and hold harmless East County Youth Soccer Association, Camas-Washougal Soccer Club, their officials, coaches and representatives from any claim arising out of injury to the above named player, except the insurance held by the Associations. I give my consent for EMERGENCY medical treatment as 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any Medical Problems? \_\_\_\_\_

\*\*\*\*\***For Club Use Only**\*\*\*\*\*

Sign Up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Returning Player \_\_\_\_\_ New Player \_\_\_\_\_ Birth Certificate: Y or N (New Player)

Reg. Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Money Order # \_\_\_\_\_ Cash \_\_\_\_\_ Scholarship \_\_\_\_\_