



**THOMPSON SOCCER ASSOCIATION**  
 1217 W. Eisenhower, Loveland, CO 80537  
 (970) 461-9358 [www.thompsonsoccer.com](http://www.thompsonsoccer.com)  
 Tania Newgord, District Commissioner

Number \_\_\_\_\_

Date \_\_\_\_\_

Team \_\_\_\_\_

Req. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Gender: M F (circle one) Grade \_\_\_\_\_

Registration (\$85.00)  
Paid \$ \_\_\_\_\_

Uniform (\$30.00)  
Paid \$ \_\_\_\_\_

YM YL AS AM AL AXL

Cash CK Visa MC  
Ck # \_\_\_\_\_

Received by: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Bus Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

List any medical problems or prohibition player has: \_\_\_\_\_

Person to Notify in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTAL SUPPORT – check any areas in which you would be willing to help:**

Coach  Assist Coach  Team Parent  Board Member  Fund Raising  Fields  Referee

OTHER \_\_\_\_\_

**Important**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the CYS, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnity the CYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the field 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 authorized.

NAME \_\_\_\_\_

Parent/Legal Guardian (please print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, 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 and well being of my dependant.

Signature of Parent or Guardian

X \_\_\_\_\_