



Westside Metros Soccer Club

ELITE Soccer Camp for players U8 – U18
July 26-29, 2010, 10:00 a.m. – 3:00 p.m.
Tualatin Hills Park & Recreation Center Fields
Camp fee is \$150

Player's First Name _____ Player Last Name _____ Gender _____ WSM Team Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth (MM-DD-YY) _____ Current School _____

Parent Name _____ Home Phone _____ Daytime Phone _____ Cell phone _____

Parent Email address _____ Tualatin Hills Parks and Recreation District (THPRD) ID # _____

Doctor's Name _____ Doctor's Phone Number _____

Insurance Company _____ Phone Number _____ Group # _____

Medical concerns and current medications _____

Emergency Contact other than parent _____ Phone _____

T-shirt size (check one) Youth Medium Youth Large Adult Small Adult Medium Adult Large

CONSENT TO PLAY

I (please print) _____ as parent/guardian do hereby give my permission for all medical care deemed necessary by a duly licensed doctor of medicine or dentistry for my dependent. This care may be given under whatever conditions are necessary to preserve life, limb or well being for my dependent. I also authorize club volunteers and/or coaches to transport the above-named minor to and from medical care.

Signature _____ Date _____

Register online at www.westsidemetros.com or mail completed form and check for \$150 to Westside Metros/Elite Camp, 4840 SW Western Avenue, Suite 1000, Beaverton, OR 97005 Questions? Call 503-626-2975 or email wsmjohnbain@gmail.com

FOR OFFICE USE ONLY: Check # _____ Age Group _____