SOMOS TIMBERS
YOUTH CLINIC REGISTRATION

WHO: **Ages 8-16**

COST: **FREE**

WHAT: **Somos Timbers Bilingual Youth Soccer Clinic**

DEADLINE: **August 23, 2015. Players must complete registration by deadline. No walk-ups allowed at clinic.**

WHERE: **Centennial Park, 900 Parr Rd NE, Woodburn, OR 97071**

WHEN: **Tuesday, August 25, 2015, 3:00-4:30 p.m.**

***Please return all completed forms to Kristin Wierenga (503-982-5266) Kristin.Wierenga@ci.woodburn.or.us, Chaz White (503-982-5239) Chaz.White@ci.woodburn.or.us or fax to Somos Timbers (503-553-5405)**

PLAYER NAME _____ **BIRTHDATE** _____ **M** ☐ **F** ☐

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE # _____ **CELL PHONE NUMBER #** _____

PARENT EMAIL _____

CLUB TEAM _____ **POSITION: KEEPER/FIELD PLAYER (CIRCLE ONE)**

Camper Liability and Health Information

I the undersigned, hereby certify that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention and for medical attention to be given in case of accident, injury or illness. In addition, I will be responsible for any and all costs of medical attention and treatment. I the undersigned, for myself, my family and heirs, waive, release and forever discharge the Soccer Academy staff, officers and representatives, from any and all liability, claims, demands or actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in camp activities or while at camp. I also understand that the Camp retains the right to use photographs of campers taken at the Camps for publicity and advertising purposes.

Responsabilidad del Participante e Información de Salud

Yo el firmador, certifico que soy el padre o representante legal del participante. Yo le doy permiso al personal del campamento de buscar la atención médica adecuada y que la atención medica sea aplicada en caso de accidente, lesión o enfermedad. Además, yo seré responsable por cualquier y todo el costo de atención médica y tratamiento. Yo el firmador, por mí mismo, mi familia y herederos, cedo, libero y descargo para siempre el personal de la Academia de Futbol, oficiales y representantes, de cualquier y toda responsabilidad, reclamaciones, demandas o acciones cualquieras que puedan surgir durante el campamento. También entiendo que el campamento retiene el derecho de usar fotografías de los participantes para fines publicitarios.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____
FIRMA DE PADRE O GUARDIAN **FECHA**

Contact information:

For more information on the Somos Timbers Youth Clinic, contact us at somostimbers@portlandtimbers.com or 503-553-5543.

SOMOS TIMBERS

PRESENTADO POR: Coca-Cola · Don Pancho · PROVIDENCE Health & Services · cricket wireless