2010-2011 MEMBERSHIP APPLICATION HOOD RIVER DYNAMOS SOCCER CLUB

Please print clearly! And write in PEN (any color, preferably ballpoint).

www.dynamossoccer.net

☐ Male ☐ Female

Player's First name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home phone: (_____) -_____-_____ Cell phone: (_____) -_____-_____

Birth date: _____ /_____ /_____ Email Address: _____
Month Day Year

Grade in Fall 2010: _____ School: _____

☐ Parent interested in coaching

Team/Coach/Other Players you'd like to be with: _____

Father's name: _____ Phone: _____ Bus. Phone: _____

Mother's name: _____ Phone: _____ Bus. Phone: _____

Alternate Person to notify in emergency (not parent): _____ Phone: _____

LIABILITY RELEASE

I, the parent/guardian of the minor registrant, agree that in consideration for the registrant being allowed to participate in Oregon Youth Soccer Association (OYSA) and Hood River Dynamo Youth Soccer Club (HRDYSC) soccer programs and activities (referred to as PROGRAMS below) we agree as follows: The registrant and I agree to release, waive, discharge and indemnify OYSA and HRDYSC, from any and all liabilities, claims, demands or causes of action that may arise, by or on behalf of the registrant, from or related to any loss, damage, permanent disability or injury, including death sustained by the registrant while they are participating in the PROGRAMS and/or while the registrant is being transported from the same, which transportation I hereby authorize. This release, waiver, discharge and indemnification clause includes any claims for injury and death based on negligence of OYSA or HRDYSC. The participant and I are fully aware of the risks connected with participation in the PROGRAMS. These risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of my child, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and monitors, and lack of hydration. I, therefore, expressly assume all of the foregoing risks and accept personal responsibility for maintaining the safety of my child.

_____ _____ _____
Printed name of parent / legal guardian | Signature of parent / legal guardian | Date

CONSENT FOR MEDICAL TREATMENT OF MINOR (IN EMERGENCY)

As the parent or legal guardian of the registrant, I certify that the registrant is in good physical condition and I have no knowledge of any physical condition, injury, or illness whatsoever that would place my child at risk to participate in HRDYSC PROGRAMS. I also 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, or well being of my dependent.

_____ _____ _____
Printed name of parent / legal guardian | Signature of parent / legal guardian | Date

Doctor: _____ Phone: _____

Health Insurance Plan: _____ Medical #: _____

List all medical problems or prohibitions player has: _____

FOR CLUB USE ONLY

Date application rec'd? ____/____/____ Date OYSA card rec'd? ____/____/___ Discount? ☐ Sibling ☐ Lunch Fees paid? ☐ Down ☐ Balance

Birth date verified? ☐ Yes ☐ No ☐ Cash ☐ Check #_____ $_____

Age group at time of application: _____ Playing up? ☐ Yes ☐ No ☐ Paperwork completed? Coach/Team: _____

Return completed forms to: Dynamos Soccer, PMB #63, 2149 Cascade Dr, Ste 106a, Hood River, OR 97031.
PDF version of registration forms and information on discounts & scholarship at www.dynamossoccer.net. Fees vary by team.
Questions: English – Melissa McDowell 541-490-3153; Spanish – Pepe Rivera 541-380-0926