

# Okolona Soccer Player Registration Form

\*\*\*\*\*PLEASE PRINT ALL INFORMATION CLEARLY\*\*\*\*\*



## Player Information

<b>First Name</b>		<b>Last Name</b>		<b>Birth Date</b>		<b>Age</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Player's Primary Address					City			Zip code	
Player Height	Player Weight	School Attending		Grade	Name / Age of Siblings at Okolona Soccer Club				
Parent Information / Father's Name			Cell #		E-mail Address <b>PRINT CLEARLY</b>				
			Home #		Work #				
Parent Information / Mother's Name			Cell #		E-mail Address <b>PRINT CLEARLY</b>				
			Home #		Work #				
Emergency Contact Person & Phone Number			Doctor Notify in case of emergency						
Player Insurance Co.			Known allergies or medical problems			History of concussion? - <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of concussion:			
<b>Parent Volunteer</b> <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Referee <input type="checkbox"/> Fund Raising <input type="checkbox"/> Team Sponsor <b>Okolona Soccer Club relies on volunteers. Please check an area you can help us with!</b>									
How did you hear about sign-ups? <input type="checkbox"/> E-Mail <input type="checkbox"/> School Flier <input type="checkbox"/> Website <input type="checkbox"/> Coach <input type="checkbox"/> Friend <input type="checkbox"/> Public Notice <input type="checkbox"/> Other									
<b>Uniform / Jersey Size (Circle ONE)</b> YXS YS YM YL AS AM AL AXL AXXL									
Shorts Size (Circle ONE) YXS YS YM YL AS AM AL AXL AXXL									
<b>Refund Policy:</b> No refund will be given after a player is placed on a team, uniforms ordered or registered with KYSA. If a registered player has an accident and cannot play we will be happy to apply it to the next soccer season. <b>Return Check:</b> There will be a \$20.00 charge on all returned checks. <b>Parents Responsibility:</b> As the parent or legal guardian, I understand I am signing my child up to play a TEAM SPORT. I agree to have my player arrive on time to all practices and games with their required equipment. I agree to notify their coach whenever my player may be late or unable to attend a team practice or match; giving as much advanced notice as possible. All players are assigned by a blind draw. Parents are not allowed to request certain teams or coaches. <b>Please initial</b> _____ <b>MEDICAL RELEASE:</b> I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields 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 authorize. As the parent or legal guardian of the above-name player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. <b>Please initial</b> _____ <b>MEDIA RELEASE:</b> I, the parent/guardian of the registrant, a minor, agree that any photos taken of the player during practice or games by OSC members/volunteers and/or parents may be used on social media (Facebook, Instagram, Twitter, etc.) and/or on the OSC website (www.okolonasoccerclub.com), and that photos may only be removed by written request (or private message to the official OSC Facebook group). <b>Please initial</b> _____									
<b>X</b> _____ Signature of Parent/Legal Guardian					_____ Date				
<b>For Official Use Only</b>									
<b>Player Fees:</b> Fees Paid: \$ _____ Fees Owed \$ _____ Paid Cash <input type="checkbox"/> Paid Check <input type="checkbox"/> Check # _____ Birth Certificate received <input type="checkbox"/> Received by _____ Date _____ <b>Special Notes:</b> _____ _____ _____ X Signature of Parent / Legal Guardian					<b>Player Status</b> <input type="checkbox"/> New Player <input type="checkbox"/> Returning Player Team Returning to: _____  <b>U6 Academy:</b> Uniform color if returning _____  Has child played soccer before? _____			<b>Player Age Group</b> (Circle) U6 U8 U10 U12 U14 High School	