



OYSA INSTRUCTIONAL YOUTH SOCCER

BOYS and GIRLS ages 3, 4, 5, and 6

(7yr olds can participate if they were closed out of a team in the spring)

DATES: check website for start date

TIME: **5:00 PM - 6:00 PM - 3 & 4 year olds**
6:00 PM - 7:00 PM - 5, 6 & 7 year olds

WHERE: Oberlin Recreation Soccer Fields (Hamilton Road beside Splash Zone)

COST: **\$60.00** registration fee (t-shirt included) – (cost covers fall and spring session)

SIGN-UPS: Registration forms can be completed on site, or completed in advance. Players may join anytime from any community and there is no registration deadline!

CONTACT: Coach Bill Miller (cell # 440-935-6195) E-mail: bmiller@swissttp.com

Please visit www.oberlinsoccer.org for more information



COME LEARN THE GAME OF SOCCER AND HAVE LOTS OF FUN!



OBERLIN YOUTH SOCCER ASSOCIATION PLAYER REGISTRATION 2017-2018

Completed registrations can be dropped off on site
at first session

*** Registration Fees: ***

Instructional: \$60.00 / year

U7 and U8: \$75.00 / year

U9 - U14: \$95.00 / year

League Name OYSA	Age Group	Male/Female	Dual Carded in OYSA/AASL?	Dual Carded Team If known
Birth Date (MM/DD/YYYY)	New or Prior Player in OYSA?	Previous Season's OYSA Coach and Team, if any?		
Last Name	First Name		Middle Initial or Name	
Address	City	State	Zip	
Area Code/Phone No.	Alternate Phone	Email Address		
Parent(s)/Guardian(s) First and Last Name (Include last name if different from player)		Relationship to player	Mother's Birthdate (MM/DD) **REQUIRED**	
			<input type="text"/>	<input type="text"/>

Liability Waiver Form

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

Parent/Guardian Signature: _____

Date: _____

IMPORTANT: I, the parent/legal guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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

Parent/Guardian Signature: _____

Date: _____

Consent for Medical Treatment (Minor)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian Signature: _____

Date: _____

I would like to request financial aid for my child _____

Someone will get back to you. In the meantime, please bring your child to the sessions.
