First Name _____ Last _____

Address _____

City _____ Zip _____ Phone _____

Birthday ___/___/___ Sex M F

Height _____ Weight _____

Jersey Size YS YM YL AS AM AL AXL A2XL

Short Size YS YM YL AS AM AL AXL A2XL

How did you hear about sign-ups: ( )E-mail ( )Postcard ( )School Flier ( )Coach ( )Friend ( )Other _____

School _____

Siblings at OSC
Name/Age

Check/Cash _____ Amount _____

Date _____

Team _____

( )Returning player
Team _____

( )New Player ( )Girls Only

Age Group: ( )Under-6
( )U-8 ( )U-10 ( )U-12
( )U-14 ( )U-16 ( )U-19

Number of prior seasons: _____

Last Team: _____

Last League: _____

Date of Last Season: _____

E-mail Address _____

Father's Name _____ Occupation _____ Cell # _____ Home # _____ Business # _____

Mother's Name _____ Occupation _____ Cell # _____ Home # _____ Business # _____

List any medical problems or prohibition player has _____

Doctor to notify in case of emergency _____ Insurance Company _____

Parental Support ( )Coach ( )Assistant Coach ( )Team Parent ( )Referee ( )Field Maintenance ( )Sponsor ( )Other _____

PHOTO/VIDEO RELEASE: I hereby give permission for images of my child, captured during regular and special soccer activities through video, photo and digital camera, to be used solely for the purposes of the Okolona Soccer Club promotional activities and web site and waive the rights of compensation or ownership thereto.

Signature of Parent/Guardian _____

MEDICAL RELEASE: I, the parent/guardian of the registrant, a minor, agree that I and the registrant 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-named 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.

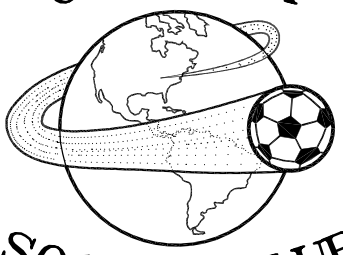
Signature of Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

REFUND POLICY: No refunds will be given after a player is put on a team on the determined draw date of each season.
RETURNED CHECK: $18 Charge on all returned checks

OKOLONA



SOCCER CLUB

Thank you, and have an Enjoyable Soccer Season