

**OSWEGO YOUTH SOCCER ASSOCIATION, INC.**

**P.O. BOX 5155  
OSWEGO, N.Y. 13126**

**PLAYER REGISTRATION FORM**

**Soccer Camp 2011**

**OFFICIAL USE ONLY**

Registration fee: \_\_\_\_\_  
Cash \_\_\_\_\_ Check No. \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_

**(PLEASE PRINT LEGIBLY)**

**Player** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last Name) (First Name) (M.I.) (Female) (Male)

**Address** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone** \_\_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade in School** (during playing season) \_\_\_\_\_

**School** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Bus. Phone** \_\_\_\_\_

**Father's e-mail address** \_\_\_\_\_ **add to OYSA e-mail listserv?** \_\_\_\_ / \_\_\_\_  
(Yes) (No)

**Mother's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Bus. Phone** \_\_\_\_\_

**Mother's e-mail address** \_\_\_\_\_ **add to OYSA e-mail listserv?** \_\_\_\_ / \_\_\_\_  
(Yes) (No)

**List any medical problems or prohibitions player has** \_\_\_\_\_

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 and in consideration for the USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, the 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's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**Name** \_\_\_\_\_  
(Parent / Legal Guardian - **please print**)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (year)

**PARENTAL SUPPORT**

We ask for active participation of all parents in our program. Check the areas in which you would be willing to help:

	Mother	Father
Coach	_____	_____
Asst. Coach	_____	_____
Referee	_____	_____
Field Prep.	_____	_____
Fund Raising	_____	_____
Bd. Member	_____	_____
Other:	_____	
	_____	

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As a parent or legal guardian of the above-named player, I hereby give consent for emergency 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.

**Signature of Parent or Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Business Phone** \_\_\_\_\_