



PLEASE PRINT LEGIBLY!!

Thank you!!

Player Registration Form

Season: 2010-11

Player's LEGAL NAME (NO NICKNAMES!!) (Last) (First) (Initial)

Parent/Guardian Names:

Address: City: Zip:

Phones: Home: Work: Mobile:

e-mail Addresses:

Gender: Male Female Birth Date: (mm/dd/yyyy) Age of player on 8/1/10:

Please note that a photocopy of player's birth certificate is only required if player has never played soccer within the Oldsmar Youth Soccer Assoc. before. All players new to OYSA need to provide a clear copy for age verification per FYSA.

Year of High School Graduation: U.S. Citizen? (circle one): YES NO

Was player registered with Oldsmar Soccer during Fall 2009 season? YES NO (Please circle one) If NO, which soccer club was player registered with in Fall 2009?:

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

Insurance Notice: All injuries must be reported within 90 days of the date of the injury.

Informed Consent:

I, the parent/guardian of the registrant, agree that we will abide by the rules of Oldsmar Soccer Club, the state association (FYSA), and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries, from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent/Guardian Signature: Date:

Club Registrar Signature: Date:

For Office Use Only: BOYS GIRLS Team: C2 OLS Under Coach: CASH Check # Check Date 1st Payment 2nd Payment Volunteer Payment