PLAYER REGISTRATION FORM
2010 Spring Recreational Season

(PLEASE PRINT LEGIBLY)

Player's Legal Name: _____ _____ ____
LAST FIRST M.I.

Date of Birth: _____ _____ _____ **Age as of April 1st, 2010**: _____ **Gender:** Male Female
Month Day Year

Parent(s)/Guardian Name: _____

Address: _____ **City**: _____ **Zip**: _____

☐ Check if this address has changed since last season

Home Phone: _____ **Alternate Contact Number(s)**: _____

Email address: _____

City of Oldsmar Recreation Card # _____ **Expiration Date (must not expire before May of 2010)** _____

Is this player's first year with Oldsmar Soccer Club? Y N How many years has child played soccer?_____

SHIRT SIZE

☐ Youth x-small ☐ Adult small
☐ Youth small ☐ Adult medium
☐ Youth medium ☐ Adult large
☐ Youth large ☐ Adult x-large

COACHES / COORDINATORS

☐ I would like to volunteer to be a Head Coach
☐ I would like to volunteer to be an Assistant Coach

Name: _____

Please see registrar for coaches background application

FEES: **$70.00 ($10.00 sibling discount for each brother and/or sister)**
*Registration Fee does not include the $20.00 Volunteer fee or City of Oldsmar Recreation Card requirements

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 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 Signature:_____ Date: _____

FOR OFFICE USE ONLY! **C2 OLS** _____ **GYS** **PLAYER ID#** _____

U6 U8 U10 U12 U14 U16 BOYS GIRLS TEAM _____ **COACH** _____

REG FEE: ☐ **CASH** ☐ **CHECK #** _____ **AMOUNT $** _____

VOL. FEE: ☐ **CASH** ☐ **CHECK #** _____ **AMOUNT $** _____ **VOL. FEE WAIVED: Y N**