



P.O. Box 5067
 Oroville, Ca 95966
 530.532.1789
www.oroillyouthsoccer.com

**Registration Form
 Under 6 ~ U10 Division
 2010 Season**

PLAYER INFORMATION	First Name _____ Middle Int _____ Last Name _____	Uniform Information
	Birthday _____ Male / Female _____ Mother Bday _____ MM / DD _____	
	Last League/Season _____ # Prev Seasons _____	
	Emergancy Contact _____ Phone Number _____	
	Player's Physician _____ Phone Number _____	
	Medical Condition _____	
		<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X Large <input type="checkbox"/> Adult XX Large

GUARDIAN #1	First Name _____ Last Name _____	Volunteers
	Address _____	
	City _____ Zip Code _____	
	Relation to Player _____ Phone Number _____	
	Email Address _____ Cell Number _____	
		<input type="checkbox"/> Coach <input type="checkbox"/> Fundraising <input type="checkbox"/> Special Events <input type="checkbox"/> Field Projects <input type="checkbox"/> Snack Bar <input type="checkbox"/> Other

GUARDIAN #2	First Name _____ Last Name _____	Volunteers
	Address _____	
	City _____ Zip Code _____	
	Relation to Player _____ Phone Number _____	
	Email Address _____ Cell Number _____	
		<input type="checkbox"/> Coach <input type="checkbox"/> Fundraising <input type="checkbox"/> Special Events <input type="checkbox"/> Field Projects <input type="checkbox"/> Snack Bar <input type="checkbox"/> Other

Medical and Legal Release	<p><i>As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a 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.</i></p>		
	<p><i>I, the parent/guardian of the named player above, a minor or as a player over the age of 18, agree that I and the player will abide by the rules and regulations of the Oroville Youth Soccer Club (OYSC). I, for myself and the player and our respective heirs, administrator and successors, intending to be legally bound, hereby release and indemnify the OYSC, the owner operators of the facilities used for the programs and their respective directors, employees, agents and respective from and against all claims, liabilities, damages, or causes of action arising out of the program including without limitation, player's transportation to/from any program, which transportation is hereby and/or likeness in printed, broadcast and other material concerning the program provided such use is related to the player's status as a participant in the program.</i></p>		
	_____	_____	_____
	Parent/Guardian Name	Parent/Guardian Signature	Date

Registration Fee		U6-U8	U10	Official Use Only
	May 1st-May 31 st	\$40.00	\$50.00	
	June 1st-June 30h	\$50.00	\$60.00	
	July 1st-July 31 st	\$60.00	\$70.00	
<p>Registrations received after July 31st will result in player placed on a waiting list. Registration forms and fees are to be mailed to P.O. Box 5067 ~ Oroville, CA 95966 Please make checks payable to Oroville Youth Soccer.</p>				
				<input type="checkbox"/> Reg. Fee <input type="checkbox"/> Rec'd Date <input type="checkbox"/> Rec'd Amount <input type="checkbox"/> Cash / Check #

For addition questions regarding Opening Ceremonies & Sponsorships please refer to www.oroillyouthsoccer.com