



2017-2018 US Youth Soccer Ohio South Olympic Development Program
Printable Player Registration Form for Birth Years 2003-2009

\$145 Early Bird Registration If Payment Received by October 2nd

\$175 If Payment Received by October 27th

\$185 Onsite Registration Fee (Shirt Not Guaranteed)

Checks Payable to OSYSA: 25 Whitney Dr, Suite 104, Milford, OH 45150

Player's Name [] Parent Email []

D.O.B. [] GK [] Field Player []

Gender Male Female

Address []

City []

State []

Zip [] County []

Home Phone [] Cell []

H.S. Grad Year [] GPA []

Shirt Size YM YL AS AM AL AXL
Short Size YM YL AS AM AL AXL

Club Name []

Club Coach Name [] Coach Email []

Program Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and refund policy of Ohio South Youth Soccer Assn, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for OSYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify the OSYSA, its affiliated organizations and sponsors, their 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 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. I have also received the Youth Sports Org. Concussion Information Sheet attached.

Parent/Legal Guardian Name []

Parent/Legal Guardian Signature []

Date []

Consent for Medical Treatment

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 care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature []