

Signature

2015-2016 US Youth Soccer Ohio South Olympic Development Program Printable Player Registration Form

1999-2000 Birth Years \$140.00 Onsite Registration Fee 2001- 2006 Birth Years \$185.00 Onsite Registration Fee Checks Payable to OSYSA: 25 Whitney Dr, Suite 104, Milford, OH 45150

Player's Name				Parent Email		
				21/	Field	
D.O.B.				GK	Player	
Gender	Male	Female				
Address						
City						
State						
Zip			County			
Home Phone			Cell			
H.S. Grad Year			GPA			
		4.0		A B.4	A.1	AVI
Shirt Size	YL	AS		AM	AL	AXL
Shirt Size Short Size	YL YL	AS AS		AM	AL AL	AXL
Short Size						
Short Size Club Name Club Coach Name Program Relea	YL ase	AS		Coach Email	AL]	AXL
Club Name Club Coach Name Program Relea I, the parent/gu Ohio South You associated with I hereby release employees and claim by or on be to or from the se	ase ardian of the registra ath Soccer Assn, its a soccer and in conse, discharge, and/or associated personn behalf of the registral ame, which transpor	ant, a minor, affiliated orgideration for otherwise in el, including nt as a resu	ganizations r OSYSA andemnify the g the owne It of the re	Coach Email t I and the registrar and sponsors. Reaccepting the registrar of fields and facing gistrant's participat	nt will abide by ecognizing the rant for its sociated organizatilities utilized for	
Club Name Club Coach Name Program Relea I, the parent/gu Ohio South You associated with I hereby release employees and claim by or on to to or from the s Parent/Legal Co Signature	ase ardian of the registra ath Soccer Assn, its a soccer and in conse, discharge, and/or associated personn behalf of the registral ame, which transpor	ant, a minor, affiliated orgideration for otherwise in el, including nt as a resu	ganizations r OSYSA andemnify the g the owne It of the re	Coach Email t I and the registrar and sponsors. Reaccepting the registrar of fields and facing gistrant's participat	nt will abide by ecognizing the rant for its sociated organizatilities utilized for	the rules and refund policy of possibility of physical injury cer programs and activities, ions and sponsors, their or the Programs, against any rams and/or being transported

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.