

OSA Traveling Recreational Select (Rec +) Team Registration Form (U9 to U19)

All Rec+ teams (new and returning) must submit a **new form each fall season**. For the spring season any returning Rec+ team having roster changes must submit a revised form with changes noted. All Rec+ Forms (new and/or revised) must be submitted by the date specified by the Club. Changes may be made by submitting a revised form with changes noted. Coaches are responsible for ensuring players listed register with the Club. Players not listed on a submitted form will be dropped and/or not added to the team. **Submit forms to the Club Registrar**

Team Name: _____	Gender: Boys _____ Girls _____	<u>Rcvd</u>	<u>Completed</u>
Head Coach: _____	Team Age Division: _____	<u># of Players</u>	
Home Phone: _____	Mobile Phone: _____		
Email Address: _____	Prefer Contact Via: Home Phone _____ Mobile Phone _____ Email _____		

Import Information: The Parent (or Guardian) of each player must sign the form below. Formation of Rec+ teams will not be considered without full completion of this form. Requests to play up must also be indicated and accompanied by a Play-Up Form unless already on file with the club. Maximum players per team are: U9/10 (12), U11/12 (16), U13/U14 (18), U15 to U19 (22) without exception.

Player #1 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #2 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #3 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #4 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #5 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #6 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #7 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #8 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #9 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #10 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		

OSA Recreational Select Team Registration Form - Continued (Fill in Team and Coach below)

Team Name: _____

Coach Name: _____

Player #11 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #12 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #13 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #14 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #15 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #16 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #17 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #18 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #19 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #20 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #21 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____
Player #22 Name: _____ Parent Name: _____	Reg. <input type="checkbox"/> Asg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>	Parent Signature: _____

Coaches Comments/Notes: