

OAK HILLS SOCCER ASSOCIATION – SAY – 2010 FALL REGISTRATION

For mail in registration, mail to: OHSA c/o Joe Willis, 1115 Hickorylake Dr., Cincinnati, Ohio 45233

***** **Make check payable to OHSA** *****

Player fees: Little Kicker program (\$25). Regular & Minor / Senior program (\$50). Maximum family fee is \$110.

Please note: Players may not be signed up for more than one SAY team for the Fall season. Players who sign up after the draw date will not be guaranteed a place on a team. Players in the regular/minor/senior programs may not be placed on a specific team for car pool or any other reasons, except team integrity for second year at the same level.

Player's Name: _____ Male: _____ Female: _____ Today's Date: _____

Age as of July 31, 2010 (this Fall): _____ Date of Birth: Month: _____ Day: _____ Year: _____

Address: _____ Zip Code: _____ Phone: _____ Cell: _____

Father's Name: _____ *Email Address: _____

Mother's Name: _____ *Email Address: _____

* Email addresses will help coaches communicate with players and families

School Attending in **Fall 2010** _____ Grade in **Fall 2010**: _____

If parents are separated or divorced, please identify whom the player lives with: _____

Soccer Organization Played for in **Fall 2009**: _____ If **Oak Hills**, list Coaches Name: _____

Person to be contacted (other than parents) in case of emergency:

Name: _____ Relationship: _____ Phone: _____

List any Medical problems and/or restrictions for your child: _____

Physician to be contacted in case of emergency: _____ Phone: _____

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches or officers shall not be liable for any injury or loss which my child (or children) may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.

Parent Signature: _____ Date: _____

Authorization for Medical Treatment of a Minor

I, (name) _____, the parent of the above registered child, give my permission and consent to the assigned head coach of my child's Oak Hills Soccer Association Team for approval of emergency treatment, after consultation with medical staff, for my child in the case of my absence. This authorization is good for the Fall S.A.Y. Season only.

Parent Signature: _____ Date: _____

Medical Insurance: Yes: ___ No: ___ Name of Company: _____

***** **Volunteers Are Always Needed** *****

Coach _____ **Asst. Coach** _____ **Team Parent** _____ **Fields/Equipment** _____ **Other** _____

***** **DO NOT WRITE IN THE SPACE BELOW** *****

Fee Paid: _____ Cash: _____ Check: _____ Received by: _____

Boys: ___ Girls: ___ Little Kicker (4-5) Passer (6-7) Wing (8-9) Striker (10-11) Kicker (12-13) Minor (14-15) Senior (16-18)