

**2011 FALL SAY REGISTRATION - OAK HILLS SOCCER ASSOCIATION**

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, 2011 (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 2011** \_\_\_\_\_ Grade in **Fall 2011**: \_\_\_\_\_

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

Soccer Organization Played for in **Fall 2010**: \_\_\_\_\_ 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 OHSA 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: \_\_\_\_\_

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

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ OHSA Board Position \_\_\_\_\_ Other \_\_\_\_\_

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

Fee Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check Nbr: \_\_\_\_\_ 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)