

OWEN COUNTY YOUTH SOCCER LEAGUE REGISTRATION

Select Age Group: (PLEASE PRINT AND FILL OUT COMPLETELY) **Registration for Spring 2018**

AGE GROUPS are determined by the player's birth year. U-10 & Up Teams Travel to surrounding counties.

Please circle the age group (note birth years indicated by each)

Under-4 ('14&'15)	Under-6 ('12&'13)	Under-10 ('08&'09)	Under-14 ('04&'05)
	Under-8 ('10&'11)	Under-12 ('06&'07)	Under-16 ('02&'03)

Experience: (circle) NEW (has never played) Returning **Years Played:**

PLAYER INFORMATION

Player's Full Name: _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

Gender: (circle) M F _____ **Date of Birth:** _____

ALL Player Uniform Shirt Sizes: (circle)

Youth S	Youth M	Youth L	
Adult S	Adult M	Adult L	

PARENT/GUARDIAN INFORMATION

Father's Name: _____ **Email 1:** _____ **Cell 1:** _____

Mother's Name: _____ **Email 2:** _____ **Cell 2:** _____

Can you be contacted for practice or game changes by cell phone text? (circle) Yes No

PARENT VOLUNTEER INFORMATION

In order to keep costs to a min. we ask all parents to volunteer for at least one of the following. Thank you. (please circle)

Coaching	Assistant Coach	Field Preparation	Fundraising	Other Help:
----------	-----------------	-------------------	-------------	-------------

INFORMATION ON SIBLINGS THAT PLAY SOCCER in OCYSL

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

CONSENT AND WAIVER

I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Owen County Youth Soccer League, I am permitting my child to participate in the youth soccer program, I agree to not indemnify and hold harmless and do release, requit, and forever discharge OCYSL in any capacity for any and all damages, claims and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has permission to play in the OCYSL program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by a physician, nurse, or paramedic. A copy of this authorization shall be effective as the original.

Parent/Guardian Signature: _____ **Date:** _____

PAYMENT AND ATTACHMENTS

Please make checks payable to: OCYSL or Owen Co. Youth Soccer League.

	Player Fee	After February 1st, 2018	
U4 Registration	\$35.00	\$45.00	
U6 & U8 Registration	\$50.00	\$65.00	
U10 & Up Registration	\$60.00	\$75.00	
Traveling Jersey	\$20.00	\$20.00	
Total Fees			

**FIRM FINAL
Registration
Deadline
February 15, 2018
Soccer Starts in
March**

Families with 3 or more players receive 20% discount off Registration Fees. Discount does not include Uniform Fee.

Please register all family players at the same time to receive discount.

For questions, please call Brittany Kraemer, OCYSL Registrar 502-514-5126

*****Attach a COPY of the Player's Birth Certificate with Registration Form and Fee Payment.*****

SEND TO: OCYSL, P.O. Box 233, Owenton, KY 40359