

NOSA Soccer 2018 FALL SEASON

Must be born before 1-1-2015

Registration dates July 16 - August 15

Games played from September 22 - October 27

Player's Last Name		Player's First Name		Middle Initial
Address			City	
State	Zip	Birthdate	Age	M or F (Male/Female)
Primary Contact		Primary Phone #		Alt. Phone #
Secondary Contact		Primary Phone #		Alt. Phone #
List any medical problem or prohibition player has _____				
Played NOSA Yes / No		Grade _____	Date of Last NOSA Season Played	
If no, need a COPY of birth certificate			Spring/Fall	Year _____
Last Coach _____				

Other Childer From Family Presented in League; Each additional child playing receives a \$10 discount

Name	Age
Name	Age
Name	Age

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant's participation in the program and or being transported to or from the same, which transportation I hereby authorize.	
Signature	Date
Printed Name of Parent/Guardian	
CONSENT FOR MEDICAL TREATMENT (MINOR) As the parent or legal guardian of the above-named player(s), I hereby give consent for emergency medical care 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 wellbeing of my dependent.	
Signature of Parent/Guardian	

PARENTAL SUPPORT		
We ask for active participation of all parents in our program. Circle area(s) in which you would be willing to help.		
Coach	Assistant Coach	Board Member
OFFICIAL USE ONLY		
Birth Certificate Received Yes No		
Registration Fees: Cash or Check ONLY Player Fee \$30.00		
Cash _____ Check # _____		
Sign up dates 07/16/18 - 08/15/18		
Scholarship: Must give explanation, must be approved by board Approved Yes No		

*NO LATE REGISTRATION

*Mail checks to NOSA - PO BOX 103 WOODWARD, OK 73802

*For more information, find us online at nosasoccer.org or Facebook at NOSA