Walk-in Registrations June 13th – 3:30-5:00 June 27th – 3:30-5:00 July 11th – 3:30-5:00 ** At Ont MS commons**	**2010 Fall Soccer Registration** **Last day to be guaranteed a roster spot is July 20, 2010**	**OYS use only:** **Date Received:** **Amount Paid:** **Check #:**

****CHILD MUST BE at least 4 years old by August 1, 2010****

Player's Name: _____ D. O. B. _____ Boy: _____ Girl: _____

Address: _____City: _____ Zip: _____ Phone: _____
Child must live in Ontario School district to play

E-Mail Address: _____

Previous Coach (if applicable): _____ any medical or physical problems (ex. allergies, asthma, etc.): _____

Emergency Notification if parent is unavailable: _____ Phone: _____

Mother's Birth Date (DD/MM)_____ Play for another team? Y or N (circle one) If yes, what league and team?
_____

REGISTRATION FEES

U7 and above: $60.00 Prek/kindergarten: $40.00

Player's Shirt Size (circle one): YS YM YL AS AM AL XL XXL

(U-7 and above) Player's Short Size (circle one): YS YM YL AS AM AL XL XXL

I would like to support my child's/children's team(s) by VOLUNTEERING/CONTRIBUTING in the following way(s)

HEAD COACH: _____ ASSISTANT COACH: _____ CONCESSION: _____

****All OYS SOCCER COACHES & ASSISTANT COACHES MUST PASS A KIDS SAFE BACKGROUND CHECK****

CONTRIBUTIONS: Friend - $10.00: _____ Team Spirit - $25.00: _____ Warrior - $50.00: _____

Acknowledgement of Risk and Release of Liability

In consideration of Ontario Youth Sports, Inc. providing a soccer program the undersigned, individually and as parent or legal guardian, does hereby release, indemnify, and discharge Ontario Youth Sports, Inc., its officers, coaches, and appointees from any and all claims, liabilities, and damages related to bodily injury or sickness and property damage sustained by the above child resulting from his/her participation, practice, play or travel to and from play or practice in the OYS soccer program. I, the undersigned parent/legal guardian of the player named above, agree that I and the player will abide by the rules of Ontario Youth Sports, Inc. I have indicated any medical conditions above which I feel the coaches should be informed, however, I am responsible to be at practices or games if the players special condition requires it.

Parent/Guardian Name (print) _____ Signature: _____

For additional information on all Ontario Youth Sports, Inc. activities and events visit:

www.oysports.com

(OYS, Inc. is a 501c3 not-for profit organization and all contributions thereto are tax-deductible to the full extent of the law.)

Make Checks Payable to: Ontario Youth Sports, Inc.
Mail to: Jim Hairston (419-631-3547)
3342 Elmstone Ct
Mansfield OH 44903