

Walk-in Registrations Dec 18th 6:00--7:30 Jan 12th 6:00--7:30 Jan 26th 6:00--7:30 Stingel Primary School Lobby	<h1>2012 Spring Soccer Registration</h1> <p>Last day to be guaranteed a roster spot is January 31, 2012</p>	OYS use only: Date Received: _____ Amount Paid: _____ Check #: _____
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****CHILD MUST BE at least 4 years old by August 1, 2011****

All Players must live in Ontario School District or attend Ontario School as an open enrollment student. (OYS will verify with the school)

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

Address: _____ City: _____ Zip: _____ Phone: _____

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 (MM/DD) _____ Play for another team? Y or N If yes, what league and team _____

** IF PLAYED IN THE FALL 2011** PREK - \$25.00 U7 and above - \$40.00	** NEW PLAYERS ** Pre K / Kindergarten \$40.00 U7 and Above \$60.00 Shirt Size: YS YM YL AS AM AL XL XXL Short Size(U7-UP): YS YM YL AS AM AL XL
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Mail Form to: OYS, P.O. Box 125, Ontario, OH 44862

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

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.)

Please email any questions to

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