

OSYSA Resident Player Registration Request

(to participate on a non-Ohio South team - \$ 15 Fee)

DATE: _____

PLAYER INFORMATION:

Name: _____
Date of Birth: _____
(day) (month) (year)
Address: _____
City, State, Zip: _____
Phone: (home) _____
Signature: _____ E-MAIL: _____

CLUB/TEAM INFORMATION

Name of Out-of-State Club/Team: _____
Club/Team State Assn: _____
Age Group: _____
Club /Team Contact: _____
Club/Team Address: _____
City, State, Zip: _____
Home Phone: (_____) Work Phone: (_____)
Return authorized form to: _____

The above-named player is approved by the Ohio South Youth Soccer Association to play with _____ Club/Team during the _____ season.

NOTE: THIS FORM PROVIDES PROOF OF REGISTRATION AND PERMISSION TO PARTICIPATE IN ANOTHER STATE ASSOCIATION WHEN PROPERLY EXECUTED.

player is a transfer if this box is checked **REGISTRATION #** _____

Signature _____ Title _____

Date _____

OSYSA Stamp

Fee Paid _____

Ohio South Youth Soccer Association
25 Whitney Drive #104
Milford, Ohio 45150
(513) - 576-9555 (513) 576-1666 – fax