

OSYSA Resident 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: _____

Home Phone: _____

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: _____

Cell 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
OSYSA STAMP

Date

Fee Paid

Ohio South Youth Soccer
25 Whitney Dr #104
Milford, OH 45150
513-576-9555 513-576-1666- fax