



2010

US Youth Soccer **OHIO SOUTH** **OLYMPIC DEVELOPMENT** **REGISTRATION FORM**

Tryouts for the 2010 Olympic Development Program will be held in the Spring of 2010

BOYS

- 93 Players born 1/1/93 - 12/31/93
- 94 Players born 1/1/94 - 12/31/94
- 95 Players born 1/1/95 - 12/31/95
- 96 Players born 1/1/96 - 12/31/96
- 97 Players born 1/1/97 - 12/31/97
- 98 Players born 1/1/98 - 12/31/98
- 99 Players born 1/1/99 - 12/31/99

REGISTRATION FEE

\$75.00
 +\$55.00 Spring Fee
Total \$130.00

GIRLS

- 93 Players born 1/1/93 - 12/31/93
- 94 Players born 1/1/94 - 12/31/94
- 95 Players born 1/1/95 - 12/31/95
- 96 Players born 1/1/96 - 12/31/96
- 97 Players born 1/1/97 - 12/31/97
- 98 Players born 1/1/98 - 12/31/98
- 99 Players born 1/1/99 - 12/31/99

Players selected to the State Pool will be charged an additional \$55.00. All players selected to go to Regional Camp will pay additional camp and transportation charges.

Field Player _____ Goalkeeper _____

NAME: _____ E-MAIL: _____
FIRST LAST

ADDRESS: _____

CITY, STATE, ZIP: _____ County: _____

TELEPHONE: () _____

BIRTHDATE: _____ SEX: M F

Year of H.S. Graduation: _____ GPA: _____

SHIRT SIZE: (Please Circle one) Adult sizes S M L XL

SHORT SIZE: (Please Circle one) Adult sizes S M L XL

*Mail this form,
along with a check to:*

**Ohio South Youth
 Soccer Association
 25 Whitney Drive
 Suite 104
 Milford, Ohio 45150
 Tel: 513/576-9555**

PLAYERS MUST FURNISH THIS RELEASE FOR TRYOUTS:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Ohio South Youth Soccer Association, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for OSYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the OSYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
 *Required of all participants regardless of age.

Name _____ Date _____
Parent/Legal Guardian (please print)

Signature _____ Cell Phone _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby given my 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 well-being of my dependent.

Signature of Parent/Guardian: _____