

AMITY SOCCER CLUB - TRAVEL & DEVELOPMENT PROGRAM
BETHANY, ORANGE & WOODBRIDGE
2009/2010 REGISTRATION FORM

All players must submit the following:

Completed Registration Form

A check for either \$250.00 (U-11 thru U-14) \$175.00 (U-9 and U-10) made out to OSA

A 1x1 picture (not required for U-9 and U-10)

A signed player pass (not required for U-9 and U-10)

Player passes will be available at evaluations

Picture Size
1 x 1 - Please

If you did not play on an Amity Travel or Development Team this past year you must submit:

A copy of your birth certificate

- * U11 through U14 player Please bring paperwork to evaluations,
- * All U11 through U14 players should attend both of the evaluations if possible
- * U9 and U10 player require no evaluation simply mail in registration form with payment and birth certificate.
- * All players will be placed at the discretion of the Clubs

Player's Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Town: _____ Zip Code: _____

Email Address: _____

2009/2010 School Grade Level: _____

Number of Years playing Soccer: _____

Sex: _____

Parent / Guardian Name: _____

Work/Cell Phone: _____

Medical Conditions of Player: _____

Doctor to Notify in Emergency: _____ Phone: _____

Medical Facility of Choice: _____

In an Emergency situation the Parents/ Guardians will be contacted first.

If the parents or guardian can not be reached call:

Name: _____

Phone: _____

Relationship to Player _____

PARENT/ GUARDIAN AUTHORIZATION AND RELEASE

As parent/ guardian of the registrant, a minor, I agree that the registrant and I will abide by the rules of the Orange and Woodbridge Soccer Clubs (Clubs), and its affiliated organizations and sponsors. I recognize the possibility of physical injury associated with soccer. In consideration of the Clubs accepting the registrant for its Soccer Program I hereby release, discharge and/or otherwise indemnify the Clubs and its affiliated organizations and sponsors, volunteers and associated personnel including the owners of the fields and facilities utilized for the program against any claim by or on behalf of the registrant as a result of his/ her participation in the Program, or being transported to or from the same which I also hereby authorize:

*Parent/ Guardian Signature: _____ Date: _____

PARENT/ GUARDIAN CONSENT FOR MEDICAL TREATMENT OF THEIR MINOR CHILD

As parent/ guardian of the registrant I hereby give 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 minor child.

*Parent/ Guardian Signature: _____ Date: _____

I am interested in assisting as a Team Coordinator Yes: _____ No: _____

U9/U10 players please mail this form with payment and a copy of the players birth certificate to: OSA - TRAVEL, PO Box 605 Orange, CT 06477, Attn Bill Hoffman.

For Club use only: Check # _____ Cash _____ Amount Received _____

Placement: U10 Boys _____ U11 Boys _____ U12 Boys _____ U13 Boys _____ U14 Boys _____
U10 Girls _____ U11 Girls _____ U12 Girls _____ U13 Girls _____ U14 Girls _____