

Registration Form - Oakmont Youth Soccer - Westminster

oakmontyouthsoccer.com

Mail Form And Fee to: Oakmont Youth Soccer - Westminster
P.O. Box 385
Westminster, Ma. 01473

Today's Date _____

Please Print:

	Child's Name	Birthdate	Boy Or Girl
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Please List Medical Problems We Should Be Aware Of _____

Mailing Address: _____

Email Address: _____

Telephone: _____

If you are willing to coach (or assist coach) list your birthdate and the child (or children) that you want to coach opposite your name (below)

Mother's Name: _____

Father's Name: _____

I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and otherwise indemnify the USYSA, 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 the 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.

Signature: _____

Age & Fee Chart - Maximum \$90 /Family		
Player Birthdate	Age	Fee
Aug'89 through Jul'90	17	\$40
Aug'90 through Jul'91	16	\$40
Aug'91 through Jul'92	15	\$40
Aug'92 through Jul'93	14	\$40
Aug'93 through Jul'94	13	\$40
Aug'94 through Jul'95	12	\$40
Aug'95 through Jul'96	11	\$40
Aug'96 through Jul'97	10	\$40
Aug'97 through Jul'98	9	\$40
Aug'98 through Jul'99	8	\$40
Aug'99 through Jul'00	7	\$30
Aug'00 through Jul'01	6	\$30
Aug'01 through Jul'02	5	\$30
Aug'02 through Jul'03	4	\$30

Consent for medical treatment (minor): As parent or legal guardian of the above named player, I hereby give 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 life, limb, or well being of my dependent.

Signature: _____

Notes: Please complete and return this form on or before August 1, 2007
Teams will be formed around mid August,
Games will start on Saturday, September 8, 2007

Questions ? call
Dan Beauregard 874-1834

Date Processed:

Amount Paid:

Check No: