



# Oologah-Talala Soccer Club Registration Form

**OFFICIAL USE ONLY. DO NOT COMPLETE!**

Age group: \_\_\_\_\_ Team: \_\_\_\_\_

P L A Y E R	Last Name: _____ First Name: _____
	Address: _____ City: _____ State: _____ Zip: _____
	Date of Birth: _____ Gender: M / F (circle one)
	Phone: ( ) _____ Email: _____

P A R E N T	Father's name: _____ Address: _____
	City: _____ State: _____ Email: _____ Phone: ( ) _____
	Mother's name: _____ Address: _____
	City: _____ State: _____ Email: _____ Phone: ( ) _____
	List player medical condition or restriction: _____
	Emergency Contact: _____ Relationship: _____ Phone: ( ) _____
Emergency Physician Contact: _____ Phone: ( ) _____	
Last season played (Circle one) Fall / Spring 20____ Team/Coach Request _____	
*Please note that team/coach request cannot be guaranteed	

**Liability Release**

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

**Consent For Medical Treatment of Minor**

As the parent of legal guardian of the above-named player, 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 dependent.

**Concussion Notification Policy**

If my child is diagnosed with a concussion during an Oologah-Talala Soccer Club activity, or during ANY OTHER ACTIVITY, including those outside soccer activities, or if my player has a prior head injury, I will inform my child's Coach of such diagnosis prior to the start of the season and before my child returns to play.

**Refund Policy**

I have read, understand and agree to the refund policy of the Oologah-Talala Soccer Club as described in the By Laws and Standing Resolutions.

**Guardian/Parent**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Volunteer Support**

Oologah-Talala Soccer Club operates solely through volunteerism. We encourage active participation of all parents in our club. Please circle any areas in which you would be willing to help.

- Coach
- Assistant Coach
- Team Parent
- Fund Raising
- Board Member
- Club Donor/Sponsor
- Field Preparation

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Birth Certificate Verified YES / NO

**Registration Fee Payment**

Player Fee: \$ \_\_\_\_\_ Received By \_\_\_\_\_

Discount: \$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_ Date \_\_\_\_\_

Total \$ \_\_\_\_\_

CASH / CC / CHECK # \_\_\_\_\_