

## YOUTH SOCCER REGISTRATION FORM



**PLEASE PRINT CLEARLY – Select one**

- MINOR LEAGUE Grades 1, 2 & 3  
 MAJOR LEAGUE Grades 3, 4, 5 & 6

Activity/Section #354101 A1  
 Activity/Section #354201 A1

**PARTICIPANT:** \_\_\_\_\_  
*First Name* *Last Name*

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Oak Creek Resident     lives within Oak Creek Franklin School District

Male    Female    *2020-2021 GRADE:* \_\_\_\_\_    *BIRTHDATE:* \_\_\_\_\_

**\*If this is the first time registering this year, Don't forget proof of residency (driver's license, mailing label, copy of utility bill, etc.) for family and any child whose name is different than the parent/guardian and proof of date of birth.**

**PHONE:** Home \_\_\_\_\_  Mom's    Dad's    Work \_\_\_\_\_  Mom's    Dad's

Cell \_\_\_\_\_  Mom's    Dad's    **Parent/Guardian e-mail:** \_\_\_\_\_

**Special Information: (ie: medical, physical, allergies)--** \_\_\_\_\_

**\*If this is the first time registering this year, Don't forget proof of residency (driver's license, mailing label, copy of utility bill, etc.) for family and any child whose name is different than the parent/guardian and proof of date of birth.**

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship: \_\_\_\_\_

**T-SHIRT ORDER FORM (required)**

**Please order large enough to fit a sweatshirt underneath.**

**Check One:**

\_\_\_ **YS** (6-8)   \_\_\_ **YM** (10-12)   \_\_\_ **YL** (14-16)   \_\_\_ **AS** (34-36)   \_\_\_ **AM** (38-40)   \_\_\_ **AL** (42-44)   \_\_\_ **AXL** (46)

We, the parents/legal guardians of above named child give our permission to participate in the YOUTH SOCCER PROGRAM sponsored by the Recreation Department of Oak Creek, Wisconsin. We understand that the Department does not assume liability for payment of medical/hospital expenses which may be incurred by our child while participating in this activity; but said liability will be assumed by us for the duration of this activity. Further, it is understood that the School District in which these activities may be conducted does not assume liability for payment of medical/hospital expenses incurred in the activity sponsored by the Department of Parks, Recreation & Forestry of this City. Parents/legal guardians who do not have medical/hospital coverage are encouraged to purchase this coverage at a nominal fee from their own insurance agent for the duration of the activity.

**FEES:**

<u>Res.</u>	<u>Non-Res</u>
\$40	\$80



**SIGNATURE-PARENT/LEGAL GUARDIAN:** \_\_\_\_\_



**PRINT NAME-PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**Charge orders only-Please print clearly:**

VISA    MASTERCARD    **Card#** \_\_\_\_\_    **Expiration Date** \_\_\_\_\_  
 AMEX    DISCOVER    **Code** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**OFFICE USE ONLY:** RCPT # \_\_\_\_\_     Cash    Check # \_\_\_\_\_    **DATE:** \_\_\_\_\_    **INITIALS:** \_\_\_\_\_

**Proof**    **Need**    **Have**    **Proof**    **Need**    **Have**    **Proof**    **Need**    **Have**

**DOB:**    \_\_\_\_\_    \_\_\_\_\_    **Res/Sch Dist**    \_\_\_\_\_    \_\_\_\_\_    **Chld Res.**    \_\_\_\_\_    \_\_\_\_\_

*"Permission to distribute this information through the school district does not imply review or endorsement by the Oak Creek-Franklin Joint School District."*