

**2009 Fall Season
Odessa Soccer Association
Player Registration Form**

Registration Number: _____

Player's Last Name: _____ First Name: _____ M: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Sex: _____ Birth date: _____

E-mail: _____ Birth Certificate #: _____

Division: _____ Team: _____

Grade: _____ School: _____ Jersey #: _____

Father's Last Name: _____ First : _____ Phone: _____

Address: _____ Work #: _____ Cell: _____

Father will help with: Team _____ League _____ Referee _____ How? _____

E-mail: _____ Father's Occupation: _____

Mother's Last Name: _____ First : _____ Phone: _____

Address: _____ Work #: _____ Cell: _____

Mother will help with: Team _____ League _____ Referee _____ How? _____

E-mail: _____ Mother's Occupation: _____

Emergency: _____ Phone: _____ Cell: _____ Relation: _____

I, the undersigned (Parent/Guardian, if participant is a minor), agree that I and the participants are subject to the Constitution, By-Laws, Rules, Policies and Regulations of the Odessa Soccer Association (OSA) and its affiliated parent organization and sponsors and agree to abide by the same.

I realize that this is a non-profit, voluntary soccer program for the benefit of the boys and girls in the community. Recognizing the possibility for physical injury associated with the participation in soccer activities and in consideration of the participant being accepted into the program and activities. I hereby agree to protect, defend, indemnify and release all persons or entities, including but not limited to, the City of Odessa, OSA, their officers and employees from and against all claims, demands and causes of action of every kind and character, without limit, and without regard to the cause or causes thereof, or the negligence of any party or parties, including the sole negligence of the City of Odessa, it's officers and employees, whether such negligence be joint or concurrent, for injury to or death of my child or damage to my property, arising out of or in connection with soccer activities, including transportation to and from the same.

I give my consent to emergency medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of the participant.

Print Name

Signature

Fees: Early Signup	<u>\$60.00</u>	May 17 – June 30, 2009	Families with 3 or more save
Regular Signup	<u>\$65.00</u>	July 1 – August 2, 2009	<u>\$5.00</u> on each player

Please complete and return with check to:

Office: Odessa Soccer Association
2651 JBS Parkway Bldg 4 Suite B.
Odessa, Texas 79761

Mail: Odessa Soccer Association
PO Box 12903
Odessa, Texas 79768

Season Starts September 12, 2009
Season Ends October 31, 2009

Questions Call Nancy @ 368-4114 Office Hours: Tue. – Thur. 10am – 3pm

NO LATE REGISTRATION!

NO REFUNDS