

2009 OLQP Soccer Registration

*** Please Print ***

Childs Name: _____ Date of Birth: _____
(As it appears on birth certificate or CYC card) Male/Female (please circle)

Grade Level for 2009/2010 _____ School: _____

Parish: _____ Coach Requesting: _____

Parents Name: _____ Phone # _____

Cell Phone # _____ E-Mail _____

Home Address: _____
Street City Zip Code

Shirt Size: (circle one) Youth: small medium large Adult size: small medium large xlarge

Short Size: (circle one) Youth: small medium large Adult size: small medium large xlarge

Is child participating on another team in this sport during the CYC season? Yes / No

Soccer Registration Fee: \$70 for 1st child, \$50 for 2nd child, \$40 for 3rd child, each additional child is free. One check per family, make checks payable to OLQPAA.

Concession Stand: Each family is required to work in the concession stand. A separate check for \$100 per family must be included with the registration fee.

Each child needs to have a registration form completed. Additional forms are available online at: www.olqpaa.org or at the field house.

I am willing to coach a team: Yes / No

I the Parent/Guardian of the registered player, a minor, agree that I and the player will abide by the rules and regulations of the athletic programs and that I recognize the possibility of physical injury associated with these programs. In consideration of the players participation in the activities I for myself and the player and respective heirs, administrators and successor, intending to be legally bound, hereby release as indemnify the Athletic Association, leagues, owners and operators of the facilities used for the programs, and their respective directors, officers, agents, and representative from and against all claims liabilities, damages, or causes of action arising out of or in connection with the player's participation in the programs. My child has received a physical examination by a physician and has been found physically capable of participating in the programs. I understand insurance is **NOT** provided and I am solely responsible for obtaining any medical treatment and I assume financial responsibility for any medical treatment.

Signature of Parent or Guardian: _____ Date: _____

Registration form(s) must be received or postmarked by 5/15/2009 or a \$20.00 per child late fee will apply. Registration form(s) and payment can be mailed to: Charlie Chafin 74 Sherman Lane, Dittmer, MO 63023/ Phone # (636) 274-8841

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For association use only

Date Received: _____ Registration Fee \$ _____ Check # _____
Concession Stand Fee \$ _____ Check # _____