



North Oklahoma City Soccer (NOKC) Registration Form



FOR NOKC OFFICE USE ONLY			
Date Payment Rec'd _____	Cash _____	Check # _____	\$ _____
Age Group U _____	Rec'd By _____		

Player Information NEW PLAYER RETURNING PLAYER MALE FEMALE
 20__ SEASONAL YEAR FALL SPRING

Player First Name _____ Player Last Name _____ DOB (MM/DD/YYYY) _____

Street Address _____ CITY _____ STATE _____ ZIP _____

Parent/Guardian #1 Name _____ Best Contact Phone _____ Email _____

Parent/Guardian #2 Name _____ Best Contact Phone _____ Email _____

Number Prior Seasons Played _____ Last Team _____ Last League _____

Volunteer Coach Yes No

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, it's 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 /or otherwise indemnify the USYSA, it's affiliate organizations and sponsors, their employees and associated personnel, including the owners of the 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.

Name _____ Signature _____

Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or 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.

Name of Parent or Guardian _____

Signature _____ Date _____