

ORSA Fall '10

OIL REGION SOCCER ASSOCIATION

Dear Soccer Players and Parents,

It's fall soccer time again and ORSA registration has begun. A reminder that games are held on Sundays and practice location, day, and time vary by team.

All registration forms must be received by August 10, 2010. Registration received after this date is subject to a \$10.00 non-refundable late fee. Items that need to be provided for registration:

- A completed Registration/Medical Form
- A copy of the player's Birth Certificate. No exceptions.
- A 2" x 3" photo of the player from the shoulders up. No exceptions.
- A \$60 check or money order payable to ORSA.

Any family fielding three or more players will be charged \$10.00 per player starting with the third child.

Return these items to your coach or mail them BEFORE the deadline to:

Franklin, Cranberry, Oil City Area

Mark Byers
937 Liberty St.
Franklin, PA 16323
(814) 432-9460

Titusville Area

Nathan Schenck
5214 La Rae Drive
Erie, PA 16354
schenck14@hotmail.com

Registrations received after the deadline will be accepted at the discretion of the registrar.



Oil Region Soccer Association Registration and Medical Authorization Form

Player's Name: _____ Sex: M / F (circle one).
 Address: _____
 Date of Birth: _____ Grade: _____
 Parent /Guardian: _____ Phone: (____) _____
 Parent /Guardian: _____ Phone: (____) _____

I, the undersigned, parent or natural guardian of _____, a minor, understand that he/she is about to become a participant in a soccer program sponsored by the Oil Region Soccer Association, (hereafter known as the "Club"). I understand that there are certain risks of injury associated with playing soccer and I agree to assume those risks. I believe that my son/daughter is in proper physical condition to participate in this sport. I hereby release and forever discharge the Club, its members, officers, coaches and employees from any and all liability, including liability for antecedent negligence, for injury to my son/daughter by reason of his/her participation in the sport of soccer with the Club. I also understand that the Club will carry medical insurance but it will be secondary to my personal medical coverage. Only in the event that t do not have medical insurance will the Club's insurance be primary. I agree to indemnity and hold harmless the Club, its members, officers, coaches and employees from any and all liability they may incur on account of my son's/daughter's participation in this program, to him/her or to any other person. In the event of injury or illness involving my son/daughter, I authorize the coaches or other representatives of the Club to arrange for and consent to, on my behalf, any required medical treatment. I agree to abide by the refund policies of the Club, and that my son/daughter will abide by the rules of PA WEST and ORSA.

I prefer to be contacted by _____ (e.g. "email" or "phone" with #)

My daughter/son has the following medical problems/allergies which should be noted:

My medical/health insurance company name, address and policy number is:

In case of emergency, I can be reached at:
 Home Phone _____ Cell Phone _____ Work Phone _____

Nearest relative or friend you can contact in any emergency should you be unable to reach me:
 Name: _____ Phone: _____
 Family Physician: _____ Phone: _____

 Parent/Guardian Signature Date

Email address: _____