



**NORTH OL MSTED SOCCER ORGANIZATION
REGISTRATION FORM FOR NOSO INHOUSE RECREATIONAL**

Boy

Girl

Office Use: Grade of boy/girl

WWW.NOSOSOC CER.ORG

Spring 2017

Mail to: NOSO Registration, P.O. Box 790, North Olmsted, OH 44070

***** PLEASE PRINT CLEARLY *****

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ School: _____

Email: _____ Current Age: ____ Grade (2016-17) ____

Gender: M F

Printed Name of Parent and/or Guardian: _____

Cell Phone or Additional Phone Number: _____

What allergies or medical conditions does the child have: _____

Number of years your child has played soccer? ____ Child is currently playing NOSO travel? ____

Uniform jerseys (Only if New Jersey is needed) are an **additional \$15**. Yes No
Exchanges can be made

NOSO is always in need of volunteers! How can you help?

- Head Coach (Name: _____) Please check if you have coached before)
- Assistant Coach (Name _____) Please check if you have coached before)
- Fundraiser: (Name _____)
- NOSO Cup Tournament: (Name _____)

Authorizations and Consent for Medical Treatment: Please sign where indicated.

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify the North Olmsted Soccer Organization (NOSO), Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation. I likewise release from responsibility any person transporting said child to or from these activities.

Furthermore, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

→ **Date signed:** _____ **Signature** _____

Check here if you DO NOT want pictures taken during these activities to be used on the NOSO website and/or in the NOSO newsletter

FEES:

Received by :	1 st – 3 rd children in same family	4 th + children in same family
April 5th	<u>\$55 each</u>	Free
PreK & K	<u>\$45 each</u>	Free

**Please note: There is no registration fee for children currently playing on a North Olmsted travel team, but a jersey is required. **

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Registration Fees and associated costs paid by: CASH CHECK