



REC PLUS REGISTRATION



Player's Info

Name:				Date of Birth:		
Address:				Player's Age:		
				Gender (Boy or Girl):		
City:						
State:		Zip Code:		Home Phone:		

Parent's Info

Name:			Cell Phone:		
E-mail:					

2nd Parent Info (optional)

Name:			Cell Phone:		
E-mail:					

I, the Parent/Guardian of the registrant, a minor, agree that the registrant and I recognize periodic fundraising is required of all OESA members. Further, we will abide by the rules of OESA, LMYSA, SAY, OSYSA, USYSA, USCS, ECNL and its' affiliate organizations and sponsors. I will not hold any Board Members, Officers, Sponsors or Coaches responsible for any injury in connection with the OESA or LMYSA Program.

Signature

Date