

ORANGEVALE SOCCER CLUB

PLAYER'S BIRTH YEAR _____	MALE _____ FEMALE _____	PLAYER'S SCHOOL _____
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PLAYER'S LAST NAME _____ PLAYER'S FIRST NAME _____

REQUESTS TO PLAY WITH
(COACH, TEAM, FRIEND) _____

AGE GROUP REQUESTED _____

**OYSC IS ASKING FOR PARENTS TO ACTIVELY PARTICIPATE
IN OUR CLUB. PLEASE INDICATE THE AREAS YOU WOULD BE
WILLING TO HELP IN:**

PARENT IS WILLING TO COACH YES _____ MAYBE _____

PARENT IS WILLING TO REFEREE YES _____ MAYBE _____

TEAM MANAGER YES _____

FIELD PREPERATION YES _____

BOARD OR COMMITTEE MEMBER YES _____

PLAYER MAY RECEIVE A REFUND DUE TO LACK OF COACHES OR REFEREES

TOTAL FEES (make checks out to OYSC) \$ _____

A \$20 CHARGE MAY BE DEDUCTED FROM REFUNDS. NO REFUNDS ON REGISTRATION FEES AFTER AUGUST 31TH