

## OYA Registration Form 2019-2020

PD Reg: _____	PD Bond: _____
55.00	75.00

**Sport:**

- Soccer  Basketball  Softball  Ski Club  
 Travel Player

Athletes Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian (1) Name \_\_\_\_\_ Guardian (1) Number \_\_\_\_\_

Guardian (2) Name \_\_\_\_\_ Guardian (2) Number \_\_\_\_\_

Email Address (1): \_\_\_\_\_ Email Address (2): \_\_\_\_\_

**Registration Fees:** Registration per player: 55.00 + Family Bond: 75.00

**Bond Fulfillment Information:** The OYA will supply a listing of opportunities for parents/guardians to fulfill their family bond requirements, it will be the parents/guardians responsibility to ensure that they fulfill the family bond requirements. The OYA will provide information as to how parents/guardians can register for these opportunities. Two weeks after a sport ends, the OYA will be cashing bond checks for anyone who has not fulfilled their bond. If a uniform is not returned, the OYA will be cashing bond checks.

**Carpool/Rideshare Information Requests-NOT GUARANTEED**

Due to rideshare needs, please assign my Athlete on the same team as: \_\_\_\_\_

I/We understand this request cannot be guaranteed. *Parent/Guardian Initials:* \_\_\_\_\_

**Parent Volunteers:**

- Coach  Asst. Coach  Team Parent  Other \_\_\_\_\_

**Shirt Size:** YS YM YL YXL SM M L  Other \_\_\_\_\_

## **Emergency Medical Information and Release**

The below information will be supplied to the coach in case of an emergency. In the event of an emergency the coach shall have a copy of this document to present to medical professionals. If your child has any changes to their medical information after registration, please communicate that to their coach.

**Athletes Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Treatment for Allergies:** \_\_\_\_\_

**Medical Issues:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Medical Facility Preferred:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy/Group #** \_\_\_\_\_

### **Emergency Contacts: In the event we are unable to contact parent/guardian**

I/We, being the parent(s) or legal guardian(s) of the above named minor child hereby appoint:

_____	_____	_____
Name	Relationship to Athlete	Phone Number

_____	_____	_____
Name	Relationship to Athlete	Phone Number

To act in my/our behalf in authorizing unexpected medical care, dental care, and hospitalization for the above named minor during my/our absence.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_