

Participant Form

Player's Full Name (First, Middle, Last) _____

School Grade in Fall 2015: _____ School Attending: _____

Seasons Played: _____ Previous Soccer Club: _____

Race: _____ American Indian or Alaska Native
(check one) _____ Asian
_____ Black or African American
_____ Hispanic or Latino
_____ Native Hawaiian or other Pacific Islander
_____ White
_____ Other
_____ I do not wish to provide

Date of Birth _____ Were you born outside of the US? _____ Yes _____ No

Parents:

Mom _____ Dad _____

Street _____ Street _____

City/Zip _____ City/Zip _____

Email _____ Email _____

Cell _____ Cell _____

Player Information

Email _____

Emergency

Contact _____

Cell _____ Street _____

Medical Insurance Company

Email _____

_____ Cell _____

I agree to the waiver attached: (Sign) _____

Payment: Cash Check (payable to OUSA) Visa M/C Discover

If paying by Credit Card, the full amount of \$10/20 of day of registration will be charged

Name on Card _____ Card Number _____

Exp. Date _____ Security Code _____ Card Zip Code _____