Boy	Girl

Office Use: Grade of boy/girl

NORTH OLMSTED SOCCER ORGANIZATION, INC.
REGISTRATION FORM FOR NOSO INHOUSE RECREATIONAL SEASON- Spring-2014

Grades 1st through 8th ….. **PLAY FOR FREE** by referring 3 friends. Refer 3 friends that did not play for NOSO 2013
and your registration fee will be **FREE**!! Help NOSO grow, Tell a friend!!!!
Please list the **NEW** players below!

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*** PLEASE PRINT CLEARLY ***

Child's Name: _____   Date of Birth: _____

Address:_____   Phone:_____

_____   School: _____

Email: _____   Current Age: ____ Grade (2013-14) _____

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 _____   Is child currently playing NOSO travel? _____

If yes, registration is free

Request to play with Player/Coach_____ (not all requests can be granted)

Uniform jerseys are an **additional $15**. **Circle size if needed:** YM YL AS AM AL
Estimate size needed – exchanges can be made

NOSO is always in need of volunteers! How can you help?
☐ Coach/Assistant Coach (Name:_____ ☐ Please check if you have coached before)
☐ Concessions   ☐ NOSO Cup (July)
☐ Fundraiser   ☐ Other: _____

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:
Postmarked by:	1st – 3rd child in same family:	4th + child in same family:
If before March 20th, 2014	**$45 each**	**Free**
If between March 20th – April 12th 2014	$50 each	**Free**

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

Registration Fees and associated costs paid by: CASH   CHECK
============================OFFICE USE ONLY============================

Amount Paid: _____   **Date Paid:** _____   **Check #:**_____   **NOSO:** _____