

Intramural  
Registration  
Application

**OCEANSIDE UNITED SOCCER CLUB**  
Mail to: PO Box 81, Oceanside, NY 11572  
www.ousc.com 516-764-FEET

Fall 2011 &  
Spring 2012

When registering siblings, please use separate forms and submit together. You may pay with one check

Player First Name:	Player Last Name:		
Address:	Town:	Zip:	
Home Phone:	Birth Date:	Boy:	Girl:
Father's Name	Mother's Name:		
Father's Daytime or Cell Phone:	Mother's Daytime or Cell Phone:		
Father's E-Mail Address:	Mother's E-Mail Address:		
Father's Occupation:	Mother's Occupation:		

\* E-Mail addresses are extremely important to how the Club and your child's coach communicate with your family.

Please list any/all addresses above. Your E-mail address will not be sold or provided to any outside entity and is solely for our use

The Oceanside United Soccer Club is run by VOLUNTEERS and coaches are always needed. Training is available for all coaches. Your child's placement on a team is contingent upon our ability to secure enough volunteer coaches for your age group & division.

Willing to: <b>COACH</b> or <b>ASSISTANT COACH</b> ( please circle)	Person volunteering is Player's: <b>MOTHER FATHER FAMILY MEMBER</b>
Name:	Phone:

The Oceanside United Soccer Club relies on Sponsorship from businesses and individuals to help defray the cost of player uniforms and equipment. For a Fee of \$250, Sponsors will have their Name printed on the back of their teams uniform and receive a Photo Plaque with Team Picture for display in their office or business as our thanks for their support

Will you Sponsor this child's team? <b>YES</b> or <b>NO</b> ( please circle)	Team/ Sponsor Name:
Sponsor Contact Name:	Phone/E-Mail Contact:
Club Use Only: Sponsor Fee Received \$ _____ Check # _____	

\* For all Applications for Pee Wee -Div 3/U8 players received before July 1, 2011, the Annual Registration Fee is \$110.00 After July 1st the fee will increase to \$130.00 and your child will be placed on a wait list

\* For all Applications for Div 4/U9 - U14 players received before July 1st, the Annual Registration Fee is \$125.00 and will increase to \$145.00 after that date. Annual Registration Fee's include both the Fall & Spring Season!

\* A \$10.00 discount will be applied to each additional immediate family member enrolled in the Intramural Program

\* All checks must be made payable to **OUSC** and mailed along with this application to the P.O. Box referenced above

\* Application's may also be submitted in person at "Registration Nights" listed on our website at www.ousc.com

\* All new players MUST submit a photocopy of their child's birth certificate along with this application. No originals please

\* Absolutely No Refunds will be provided after September 1, 2011

\* **ABSOLUTELY NO REQUESTS WILL BE ACCEPTED FOR SPECIFIC COACH AND PLAYER GROUPINGS.**

**EXCEPT IN OUR PEE WEE PROGRAM. TEAM ASSIGNMENTS FOR ALL OTHER DIVISIONS WILL BE DONE BY A DRAFT BASED ON PLAYER EVALUATIONS PREPARED BY COACHES & COORDINATORS.**

As the parent of the above named player, I hereby give my permission for his/her participation in any and all activities of the Oceanside United Soccer Club (the "Club"). I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities, which transportation I hereby authorize. I also release, discharge, absolve, indemnify, and hold harmless the Oceanside United Soccer Club, its officers, Board of Directors, coaches, organizers, sponsors, supervisors, any and all of them against all claim on behalf of my child as a result of his/her participation in the activities of the Club. In case of injury to my child, I waive all claims against the Club, or any of its supervisors appointed by them. I also release any person transporting my child to and from activities, and give consent to the coaches, organizers and supervisors of the Club to apply reasonable first aid treatment to my child and to use their judgment in securing medical aid and ambulance services in case I cannot be contacted. I give my consent for all medical care prescribed by a duly licensed Doctor of Medicine or of Dentistry for my child under whatever conditions are necessary to preserve life, limb or well being of my child. I also hereby consent to allow the Club, from time to time, to post pictures of my child on their website, which will be taken at Club related events and activities. I have read and agreed to abide by the Zero Tolerance Policy as available on www.ousc.com and understand that any negative behaviour exhibited by myself, spouse or family members will not be tolerated.

Print Parent Name:	Signature	Date:
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Club Use Only: Total Fee Received: \$ \_\_\_\_\_ Cash or Check# \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Boys \_\_\_\_\_ Girls \_\_\_\_\_ Division: \_\_\_\_\_ Team Name: \_\_\_\_\_ Assigned By: \_\_\_\_\_ Date: \_\_\_\_\_

Name on check if different from Parents: \_\_\_\_\_