

OHIO PREMIER USE ONLY
OP Note _____
Tryout # _____

2008-2009 OHIO PREMIER GIRLS SOCCER CLUB REGISTRATION FORM AND RELEASE

Player Name: _____	Date of Birth: Year ____ Month ____ Day ____ Age U- ____
Player Address/City/State/Zip _____	
Player Phone #: _____	Medical Problems We Should Be Aware Of: _____
Player E-mail: _____	
School Attending Fall '08: _____	Grade: _____
Team Played on Last Season: _____	

Father's Name: _____	Mother's Name: _____
Father's Cell: _____	Mother's Cell: _____
Father's Occupation: _____	Mother's Occupation: _____
Place of Work: _____	Place of Work: _____
Father's E-mail: _____ (Mandatory)	Mother's E-mail: _____ (Mandatory)

PLEASE NOTE: All OP families will be requested to volunteer their time at the OP Invitational tournament in September. Also, a non-refundable deposit of \$500 for prof coached and \$200 for parent coached will be required upon acceptance to all Ohio Premier teams. Fee schedule will be posted and handed out at tryouts. All fees paid are non-refundable for players that quit once their position has been accepted. Fundraising opportunities are available and optional.

Please check the level within Ohio Premier you are interested in.

I wish to be evaluated for Ohio Premier (**professionally coached**)

I wish to be evaluated for Ohio Premier (**parent coached**)

I wish to be evaluated for **both** Ohio Premier Programs

SPECIAL NOTATIONS/COMMENTS

Parent approval and medical release: recognizing the possibility of injury associated with soccer and soccer tryout procedures, and in consideration for the Ohio Premier Girls Soccer Club and its affiliates accepting the registrant for its soccer try-out program and associated activities I hereby release, discharge and otherwise indemnify the Ohio Premier Girls Soccer Club, Inc. its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to and from the same, which transportation I hereby authorize.

Code of Conduct and Fee Payment: I understand there is a code of conduct for my child and myself as a parent/guardian and spectator. I agree to conduct myself in a way as not to interfere with coaches and league officials, or in any way bring-discredit upon Ohio Premier, players, league officials, or myself. I understand that violation of the Code of Conduct by the participant or myself may result in the immediate dismissal from the Ohio Premier Girls Soccer organization. I also understand that all fees paid are non-refundable should my player quit once their position has been accepted and that my player may be suspended or dismissed if fees are not paid per Ohio Premier fee guidelines.

Signed _____ Printed: _____

Relationship to Child _____ Date: _____

