

ORCHARD VALLEY YOUTH SOCCER LEAGUE

Changing Lives Through Soccer



OVYSL Competitive Tryouts: Fall 2015

Please review and submit all information below to register.
If you are registering more than one player please fill out a separate form for each player.

* Required

Player Information

First Name *

Last Name *

Age Group *

Date of Birth *

Gender *

- Male
- Female

Parent / Guardian Information

Primary Parent / Guardian Name *

Street Address *

City *

Email

Phone Number *

Secondary Parent / Guardian Name

Email

Phone Number

Try Out Waiver

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for/by the program against any claim by, or on behalf of the registrant as a result of the registrant's participation in the program or being transported to or from the same, which transport I hereby authorize. As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry or Emergency Medical Technician. This care may be given under whatever conditions are necessary for the life, limb or wellbeing of my dependent. Release of liability signature: *

Date *