

**OREGON SOCCER CENTER
COMMUNITY SCHOOL LEAGUE
INDIVIDUAL YOUTH REGISTRATION FOR INDOOR SOCCER**

GENERAL INFORMATION:

- **Start Date: June 9th, 2018**
- 4 weeks - 7 games - CoEd teams
- Ages/Groups: 4yr olds - 8th graders
- Games: Sat-Sun 6:00 am - 6:00 pm
- Some games played Monday - Friday between 4:00 pm - 6:30 pm
- Includes: t-shirt, ref fees & 1 free practice at OSC.
- Registration Cost: \$85
- **An additional cost of \$15 for an OSC players card will be charged your first session of the year. Our "playing year" runs from September through August.**
- Visit our Pro Shop for all of your soccer equipment needs.



SPRING II SOCCER

**Registration Deadline:
June 1st, 2018**

All games played at one location:

**OREGON SOCCER CENTER
17015 SE 82ND DR
CLACKAMAS, OR 97015**

Mail, or drop off, your registration to the address above or fax to 503-650-6977 & call with your Visa or MasterCard information.

For more information please contact:
Oregon Soccer Center at
(503) 655-7529 or visit our website -
www.oscindoor.com

REGISTRATION FORM

PLAYER INFORMATION

<u>PLAYER NAME:</u> _____		<u>AGE:</u> _____	<u>GENDER: M / F</u> _____
<u>SCHOOL:</u> _____		<u>REQUESTS:</u> _____	
<u>T-SHIRT SIZE:</u>	<u>YS YM YL AS AM AL</u>	<u>GRADE:</u>	<u>PK/K 1ST/2ND 3RD/4TH 5TH/6TH 7TH/8TH</u>
PLEASE CIRCLE ONE		PLEASE CIRCLE ONE	

PARENT INFORMATION

PARENT NAME: _____

ADDRESS / CITY: _____

PHONE #: _____ EMAIL: _____

*VOLUNTEER COACH: YES / NO (T-SHIRT SIZE) _____

***Volunteering to coach does not guarantee that you will be assigned to a team; coaches will be assigned when teams are made after the registration deadline.**

The Oregon Soccer Center does not provide medical insurance for participation in this program. The parent/guardian will assume responsibility for all medical care resulting from injuries sustained by their child due to participation in this program, as there are natural risks involved in athletic events such as this. By signing this registration the parent/guardian gives permission for their child to participate in the indoor soccer league.

PRINT NAME: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____

*****This activity is not endorsed or sponsored by North Clackamas School District*****