



Oregon Indoor Soccer Center's



Fall Kids Kickers CSL (Community School League) at
Oregon Indoor Soccer Center

Visit oscindoor.com to register online.

Avoid the weather and come play indoor soccer!

General Information:

- 7 weeks – 7 games
- Ages/Groups: 4yr old's – High School
- COED teams
- **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 September through August**
- **Includes:** T-shirt & Ref fees
- Games: Sat-Sun anytime between 6:50AM-6:00PM
- Some games may be played Mon-Fri between 4:50pm-6:30pm (though unlikely).
- As we are a volunteer program, we cannot require the volunteer coaches to hold practices. However, we do provide practice opportunities at no additional charge. Practices are based on the volunteer coaches' schedule and field availability.

Fall Kickers League:

Registration Deadline:
October 3rd, 2020 or until registration is full

Start Date:
October 10th, 2020

Oregon Soccer Center
17015 SE. 82nd Dr.
Clackamas, OR 97015
Phone: (503) 655-7529
Fax: (503) 650-6977
www.oscindoor.com

All games played at above location.
Please e-mail, mail, fax, or drop off your registration to the address above (If faxed, please call us with credit card information before the deadline).

Additional Information:

1. **Please send all registration forms and direct all questions to Oregon Soccer Center (503) 655-7529 or oscindoor@hotmail.com**
2. If you would like to request a specific coach or player to play with, please indicate in the request section of the form. No requests are guaranteed.
3. Coaches will be on the field during the games to provide first-hand game instruction!
4. We are a volunteer-based program (which is how we keep the cost low). **So volunteer coaches are greatly appreciated!**

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

PLAYER INFORMATION

PLAYER NAME: _____ **AGE:** _____ **GENDER:** M / F _____

SCHOOL _____ **REQUESTS:** _____

T-SHIRT SIZE: YS YM YL AS AM AL **GRADE:** PK/K 1st/2nd 3rd/4th 5th/6th 7th/8th 9th/10th 11th/12th

(Please Circle One) (Please Circle One)

PARENT INFORMATION

PARENT NAME: _____

ADDRESS / CITY: _____

PHONE #: _____

E-MAIL: _____ ***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 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 children to participate in the indoor soccer league. In addition, by signing this waiver you give consent to Oregon Soccer Center to make, use, and/or retain images of you, your child, or an individual for whom you have authorized decision-making responsibilities. The Oregon Soccer Center may reproduce the images in any form, in whole or in part, and distribute by any medium including multimedia.

PRINT NAME: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____