Oklahoma Energy FC Soccer (OFC)
Registration Form

FOR OK ENERGY OFFICE USE ONLY
Date Payment Rec'd _____ ___ **Cash** ___ **Check #** _____ **$**_____
Age Group U____ **Rec'd By**_____

Player Information: ___NEW PLAYER ___RETURNING PLAYER ___MALE ___FEMALE
20___ SEASONAL YEAR

_____ _____ _____
Player First Name Player Last Name DOB (MM/DD/YYYY)

_____
Street Address CITY STATE ZIP

_____
Parent/Guardian #1 Name Best Contact Phone Email

_____
Parent/Guardian #2 Name Best Contact Phone Email

_____
Number Prior Seasons Played Last Team Last League

Volunteer ___Yes ___No

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, 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 (the "programs"), I hereby release, discharge and /or otherwise indemnify the USYSA, its affiliate organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name_____ Signature _____

Date_____

CONSENT FOR MEDICAL TREATMENT (MINOR)
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 or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name of Parent or Guardian _____

Signature _____ Date _____