



# OCONEE FUTBOL CLUB

WINTER INDOOR SOCCER 2010/2011 REGISTRATION FORM & WAIVER



LAST NAME: \_\_\_\_\_

Sex: \_\_\_\_\_

M/F

FIRST NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Aug. 1, 2010 \_\_\_\_\_

Grade: \_\_\_\_\_

Player e-mail: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City

Zip Code

Option #1 \_\_\_\_\_ Come as an INDIVIDUAL (OFC will place you on a team)

Option #2 \_\_\_\_\_ Come as a TEAM (10 max.)

**DIVISION: For office use only**

U8

U9 - U10 (as of Aug. 1)

U11/U12

U13/U14

U15/U16

U17 - U19

ADULT

Team Name: \_\_\_\_\_

Player Names: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

**Indoor Soccer Season runs December thru January with GAMES ONLY - no practices**

**Parent/Guardian Information**

First Name

Last Name

Cell Phone

Relationship

Email

First Name

Last Name

Cell Phone

Relationship

Email

**T-shirt Size:**

Child Small

Child Medium

Child Large

Adult Small

Adult Medium

Adult Large

Adult XL

**PAYMENT OF REGISTRATION**

Make Checks Payable to: Oconee Futbol Club

**\$65 Player Fee** \_\_\_\_\_

**\$300 Sponsor Fee** \_\_\_\_\_

Method of Payment:

Cash \_\_\_\_\_

Check # \_\_\_\_\_

**Mail registration form along with check to:**

Oconee Futbol Club

1081 Coday Bluff

Athens, GA 30606

**Sponsor a Team for only \$300**

Company Logo screenprinted on back of ALL player t-shirts!

I hereby give approval for the participation of my child in any and all activities of Oconee Futbol Club (OFC), Westminster Christian Academy, Georgia State Soccer Association (GSSA) and all of its affiliated associations and leagues and I will assume all risk and hazards incident to such participation, including transportation to and from said activities. I waive, release, absolve, indemnify, and agree to hold harmless OFC, WCA, GSSA and affiliated associations, leagues, the organizers, supervisors, officers, directors, participants and persons or parents from any claims arising out of injury to my child.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_