

Ottoville Soccer

PCYSL- West Fall 2021 Soccer Registration Form

Make checks payable to: **Ottoville Park Board** Mail to: **PO Box 86 Ottoville, Ohio 45876**

Registration Deadline: May 31, 2021 \$30 Late Fee Added After May 31, 2021

Fees: \$30 Little Kickers NO REFUNDS

Player's Name: _____	Birthdate: ____/____/____
Grade in Fall 2021: _____ Age as of July 31, 2021 _____ Male _____ Female _____ *Sibling in Same Age Group _____ *Must submit forms together	Check Division of Child's Grade for Fall 2021: Little Kickers: Pre-K/KG COED _____ \$30 (Must be 5 by 7-31-2021) 1 st Time Player: ____ Yes ____ No
Address: _____	Address: _____
Parent(s) Name(s): _____ Cell Phone: _____ Can receive texts: ____ Yes ____ No Email: _____	Parent(s) Name(s): _____ Cell Phone: _____ Can receive texts: ____ Yes ____ No Email: _____
Please Check Shirt Size: _____ Youth XSmall (4-6) _____ Youth Small (6-8)	_____ Youth Medium (10-12) _____ Youth Large (14-16)

******SOCKS WILL BE PROVIDED******

VOLUNTEERS NEEDED

The organization is always in need of volunteers, coaches, referees, etc. to assist in having a successful season. Please consider one of these opportunities to give back to your community!

I AM WILLING TO: ____ Head Coach ____ Co-Coach ____ Line Fields ____ Set up Goals ____ PAID Referee (Must be at least 9th Grade)

Name: _____	Cell Phone: _____
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FORM CONTINUED ON BACK

Please sign below:

LIABILITY WAIVER

We hereby agree that the Putnam County Youth Soccer League (PCYSL) its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored or under the supervision of PCYSL and we agree to indemnify and to hold harmless PCYSL, its members, coaches, officers or designates of any kind from any claim whatsoever.

Parent/Guardian Signature: _____ **Date:** _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian Signature: _____ **Date:** _____

Does your child have any Medical Conditions to be aware of? **Yes** **No**

If yes, please explain:

PARENTS' CODE OF ETHICS

As parents, we will abide by the rules of the game and treat the referees with respect, no matter what he/she calls. Help maintain a climate of enjoyment among spectators by discouraging negative remarks and/or harassment of players, referees, coaches, and other spectators. Exhibit exemplary conduct at games as team discipline reflects the parents' attitude 100%.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

LINDSAY'S LAW

Lindsay's Law went into effect in 2017 to inform and educate students and youth athletes participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest. It is a requirement that all parents and student athletes under age 19, watch the video and review the handout. They can be found at:

<https://www.odh.ohio.gov/landing/Lindsays-Law.aspx>

<https://odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/Lindsays-Law/Parent-Guardian.pdf/la=en>

Please sign below acknowledging that you have watched the video and reviewed the handout.

Parent/Guardian Signature: _____ **Date:** _____

CHILD Signature: _____ **Date:** _____