



PLEASE PRINT CLEARLY - IT IS IMPORTANT THAT WE ARE ABLE TO READ YOUR INFORMATION. THANK YOU

Milledgeville, GA Player Registration Form

For BCRD and OCSL Use Only:

Date: _____ Birth Year: _____
_____ Soccer Registration Fee (\$50 rec/\$125 travel)
+ _____ Lives in Baldwin? If no add \$10
+ _____ ordering a uniform? If yes, add \$25
- _____ parent is coach? If yes, subtract \$25 for 1 child
= _____ Total Fees Due Check #: _____

FALL 2017 REGISTRATION. DEADLINE: Aug. 23, 2017. FORM AND FEES MUST BE DELIVERED TO THE BALDWIN COUNTY RECREATION DEPARTMENT BY THE DEADLINE DATE.

- Faxed forms, incomplete forms, late forms, and forms without fees will not be accepted.
- A birth certificate copy is required.

Please make checks payable to Baldwin County Rec Department

LEAGUE PERIOD: FALL 2017 • FIRST GAMES: Sept. 16, 2017

End of Season Banquet Nov. 4, 2017

Coaches organizational meeting will be during team selection meetings held on August 29 at 6 pm for U8 , U13 and on August 31 at 6 pm for U6 ,U10

PLAYER INFORMATION

LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____
 CITY: _____ COUNTY: _____ ZIP CODE: _____ PHONE: _____
 BIRTHDATE - INCLUDING YEAR: _____ SEX: M F
 PHYSICAL RESTRICTIONS/ADDITIONAL INFORMATION: _____
 New players should order a uniform kit. Optional for returning players who already have OCSL uniform.
 Kit includes jersey, shorts, and socks. Uniform fee : \$25
 please circle size - SHIRT YS YM YL AS AM AL
 - SHORTS YS YM YL AS AM AL

PARENT/GUARDIAN INFORMATION

PRIMARY CONTACT NAME: _____ RELATIONSHIP: _____
 EMAIL: _____ CELL PHONE: _____ OTHER PHONE: _____
 SECONDARY CONTACT NAME: _____ RELATIONSHIP: _____
 EMAIL: _____ CELL PHONE: _____ OTHER PHONE: _____

VOLUNTEER INFORMATION

OCSL is a volunteer organization. Please consider volunteering in one or more of the following areas.

Coach _____ Assistant Coach _____ Board member _____
 Coach coordinator _____ Field Coordinator _____

LEAGUE / FEE INFORMATION

An additional \$10 will be added for out-of-county residents

Recreational League Fees \$ 50 per season	Uniform Fees	\$25
Travel League Fees \$125 per year		

Circle Player's Year of Birth (used to determine age groups):

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013

I HEREBY RELEASE Old Capitol Soccer League and its Board of Directors from any and all claims and liabilities of any kind of personal injury and/or property damage due to participation in OCSL-sponsored soccer activities. I certify that the child listed on this form is of good health and is able to participate in all activities. If any attention is required for illness/injury, I give my permission to OCSL for such care. I have read and understand the above.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____