

**Spring 2010 Registration Form - Oakmont Outlaws SC**  
**<http://www.oakmontoutlaws.com>**

Please complete, sign, and  
return with payment to:

Oakmont Outlaws  
P.O. Box 385  
Westminster, Ma. 01473

Today's Date \_\_\_\_\_

**Please Print:**

	Player's Name(s)	Birthdate	Boy Or Girl
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Please List Medical Problems We Should Be Aware Of \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Alt Phone: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

I, the parent or 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 otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the 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.

Signature: \_\_\_\_\_

Registration and Uniform Fees		
Player Birthdate	Age	Reg Fee
Aug'91 through Jul'92	U18	\$90
Aug'92 through Jul'93	U16	\$90
Aug'93 through Jul'94	U14	\$80
Aug'94 through Jul'95	U12	\$80
Aug'95 through Jul'96	U10	\$70
Aug'96 through Jul'97	U10	\$70
Aug'97 through Jul'98	U10	\$70
Aug'98 through Jul'99	U10	\$70
Aug'99 through Jul'00	U10	\$70
Aug'00 through Jul'01	U10	\$70
Aug'01 through Jul'02	U10	\$70
\$10 Discount for each child after the 1st		
UNIFORM FEE \$45 (If Needed)		

Consent for medical treatment (minor): As parent or legal guardian of the above named player, I hereby give my 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 life, limb, or well being of my dependent.

Signature: \_\_\_\_\_

President: Mike Denzer 874-1680  
Registrar: Dan Beauregard 874-1834  
Treasurer: Jim Lupinski 874-6211  
NVYSL Rep: Joe Porpora 874-1005  
Referee Director: Tom Magee 874-0961

Vice President: Bo Estelle 874-6494  
Secretary: Kim Roger 827-5483  
Field Director: Don Brutvan 874-0550  
Coach Director: Jack McNally 630-1652

Date Processed:

Amount Paid:

Check No: