

Staple Check for
Registration Fee Here

One Check per Child
"Borough of Oakland"

2017 YOUTH Soccer Registration Oakland Recreation Mail in / In Person Only

Staple PASSPORT
Size Face Photo
Here
5TH grade and up
ONLY

Last Name: _____ First Name: _____ Address: _____

Gender: M F Birth Date: _____ Grade NEXT Fall: _____ School: _____

Division: K 6 5 4 3 2
2017 Kindergarten \$50 1st-2nd gr. \$60 3rd-4th gr. \$60 5th-6th grade \$75 7th-8th grade \$75 High School \$75
PHOTO PHOTO PHOTO

Check #: _____ Registration Fee: _____ Uniform Size (Divisions 4/3/2 only):
Make payable to "Borough of Oakland", one per child YM YL AS AM AL AXL

Did your child play soccer in High School or for a private club in 2016? Yes No

Rate your child's skill level (5=highest) among others in same grade. 1 beginner 2 3 4 5 highest

Parent/Guardian Full Name: _____ Cell: _____ Email: _____

Parent/Guardian Full Name: _____ Cell: _____ Email: _____

Child HOME phone number: _____ Who is PRIMARY contact: _____

Parent Participation:

Division Coordinator Head Coach* Assistant Coach*
Field Setup/Set down League Rep Soccer Program Support

*COACHES, did you complete Rutgers Safety, Background Check, Concussion Course? Yes No

List other child activities that may conflict with soccer practice/games: _____

Comments: _____

Doctor's Name: _____ Telephone: _____ Preferred Hospital: _____

Physical Limitations/ Allergies: _____

I hereby give permission for emergency medical treatment in case of injury: Yes No

Certification:

I have read, understand, and agree to abide by the Oakland Recreation Code of Conduct, and I have read the Refund Policy on the Oakland Recreation website. I have read the registration instructions and program information made available with the registration form, and the information that I provided on this completed registration form is accurate.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only		
<u>Date Received</u>	<u>Initials</u>	<u>Check</u>