



Ashland Optimist Soccer – Spring 2018 Player Registration Form

Recreational 4v4 Soccer for Pre-K/Kindergarten
(Player must turn 4 before July 31, 2017, to register)
Recreational 6v6 Soccer for 1st to 3rd Grade
Modified Recreational 8v8 Soccer for 4th to 8th Grade

Forms can be mailed to Ashland Optimist Soccer Academy, PO Box 201, Ashland, MO 65010, or dropped off at the Ashland City Hall. Registration fees are limited to two entry fees per family. Make checks payable to Ashland Optimist – AOSA.

Cost is \$40.00 per child for 1st thru 8th grade players, registration is due by February 12. Registrations will only be accepted after February 12 if there are slots available on teams.

The cost for Pre-K/K players is \$35.00. Registration for Pre-K/K players ends on February 12. Registrations will be accepted after February 12 if there are slots available on teams.

For scholarship requests, assistance with your player’s equipment or other questions, please contact AshlandOSA@gmail.com.

1st through 8th grade teams will play games at the 63 Sports Complex in Jefferson City; Pre-K/K teams will play games in Ashland at the Optimist Sports Complex. All practices are held in Ashland. 1st thru 8th grade teams will be separated by gender. Players of all skill levels are welcome. Practices will begin in March with games in March, April and May. Games are generally Saturdays, but may extend to other days.

Please print.

Player’s Name: _____ 2017/18 School Year Grade: _____

Gender: _____ Age/Birthdate: _____

Player’s Shirt Size (circle one) Youth S, M, L Adult S, M, L, XL

If playing in both the fall and spring seasons, the same jersey will be used.

Coach or Other Requests: _____

Parent Name: _____ Cell Phone: _____

Email: _____

Parent Name: _____ Cell Phone: _____

Email: _____

Willing to coach or assistant coach?

If yes, name: _____ Shirt size: Adult S, M, L, XL, XXL

I acknowledge that soccer is a sport that requires physical exertion and has some risk of injury. I have no concerns about my child’s ability to handle the level of activity necessary to play soccer. The child named above has my permission to participate in the Optimist soccer program.

Consent to Treat

I hereby give my consent to the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event.

Read Before Signing

I have read and understood the foregoing registration form, liability release form, parental consent and consent to treat, and agree to all their terms and conditions.

Print Name: _____ Signature: _____ Date: _____

Forms are due by February 12th, 2018

Interested in becoming an Optimist Member? Visit: <http://ashlandoptimist.org/membership.html>

Ashland Optimist – Friend of Youth