



OPTIMIST SOCCER LEAGUE

A Youth Project of the
Niles Noon Optimist Club
With the assistance of the Niles-Buchanan YMCA



2010 PLAYER REGISTRATION -- ONE PLAYER PER FORM!

Please check one box. This player is registering for a team in: **Niles** **Buchanan** **Cassopolis**

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (_____) _____ ADULT CELL PHONE: (_____) _____

GRADE: _____ (K-8 ONLY. No Pre-K ! No Begindergarten!) SCHOOL: _____

SEX: _____ BIRTHDATE: _____ AGE NOW: _____ WEIGHT: _____ HEIGHT: _____
Month Day Year

OTHER FAMILY MEMBERS PLAYING (Names & Grades): _____

ALL TEAMS ARE CO-ED THIS YEAR. There will be NO all-girl teams due to declining participation.

CIRCLE SHIRT SIZE: NOTE: during inclement weather, players are allowed to wear a sweatshirt under the soccer shirt.

These shirts tend to run small. ORDER ONE SIZE LARGER WHEN IN DOUBT

Youth → → → → → → → Medium (45 lbs. or less) Large (45-60 lbs.)
Adult → Small (60-90 lbs.) Medium (90-110 lbs.) Large (110-130 lbs.) X-Large (130-150 lbs.) 2X Large

DID YOU PLAY OSL SOCCER LAST YEAR? : **Yes** **No**

◆ ◆ ◆ ◆ **SHIN GUARDS ARE MANDATORY! MOUTH GUARD IS RECOMMENDED!** ◆ ◆ ◆ ◆

We need adults who would be willing to serve as head coaches, assistant coaches, and referees (Please circle).

Do you know of anyone who might help? _____
Name & Telephone

Do you know anyone who might sponsor a team? _____
Sponsorship fee is \$200.00. Name & Telephone

Please **enclose the registration fee** of \$40 for one player, \$65 total for two players in the same household, \$75 for three, \$85 for four ... PLUS \$10 LATE FEE PER PLAYER after February 3rd, and mail this form to the address on the reverse side of this sheet.
Make all checks payable to: **OPTIMIST SOCCER LEAGUE**

The Optimist Club will provide financial assistance for players who are unable to pay all or part of the registration fee. Please state your reason(s) for needing assistance and send this statement on a separate sheet of paper along with this completed application.

DEADLINE FOR ALL REGISTRATIONS: Wednesday, February 3rd, 2010
LATE FEE \$10 PER PLAYER beginning Thursday, February 4th, 2010

One Player	\$40.00	_____
2nd Player add	\$25.00	_____
Each Additional Player		
Add \$10 each (\$10 X _____)	=	_____
Late Fee \$10 Per PLAYER after 2/3/10		
Late Fee (\$10 X _____)	=	_____
TOTAL		_____

Players will be placed on team rosters on first-come basis after February 4th, 2010 if places are still available.

DO NOT WRITE IN THIS SPACE
Date Amt. Ck/C #P TM

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◆ ◆ **TURN OVER** ◆ ◆

DROP OFF DURING BUSINESS HOURS :

MAIL ONLY:

MAIL ONLY:

MAIL ONLY:

NILES-BUCHANAN YMCA

(Niles, Buchanan, and Cassopolis teams)

905 N. Front
Niles, MI 49120

Do Not Mail your form to this address!

NILES TEAMS

Optimist Soccer League
P.O. Box 63
Niles, MI 49120

BUCHANAN TEAMS

Optimist Soccer League
311 Main Street
Buchanan, MI 49107

CASSOPOLIS TEAMS

Optimist Soccer League
P. O. Box 63
Niles, MI 49120

PLAYER/PARENT PLEDGE:

We understand that by joining a team in the Optimist Soccer League, we are making a commitment to attend the practices and games for the entire soccer season. We understand that the coach and teammates are depending on us. As spectators we will support fair play and good sportsmanship. If called upon we will volunteer to assist the coach and the league. I/my child will play at least one half of each soccer game to fulfill our commitment.

Player: _____ Parent: _____

INSURANCE DISCLAIMER: (Must be signed)

I, the parent/guardian of _____, candidate for a position on a team in the Optimist Soccer League, hereby give my child permission to participate in any and all Optimist Soccer League activities. I attest that my child is in suitable physical condition to safely participate in contact sports. I understand that it is my responsibility to inform my child's coach(es) if there is ANY reason my child needs special consideration due to physical or other limitations. I assume all risks and hazards incidental to such participation, including transportation to and from activities; and I hereby waive, release, absolve, indemnify, and agree to hold harmless the Noon Optimist Club of Niles, the Cassopolis Optimist Club, the Niles-Buchanan YMCA, and the Optimist Soccer League, and including but not limited to their administrators, committee members, supervisors, officers, participants, coaches, referees and persons transporting my child to and from activities, from any and all claims, including but not limited to any injury to my child.

I also attest that my child is in the grade indicated on the front of this form.

PARENT/ LEGAL GUARDIAN (Signature): _____

PARENT/LEGAL GUARDIAN (Please Print Clearly): _____

**Please check that this application form is completed before mailing.
Is the check enclosed and signed? Is the shirt size marked? Is everything legible?**

Contact Information:

Website: www.nilesoptimist.org/osl
E-mail : optimistsoccer@comcast.net

Telephone: (269) **240-7189** This is a local Niles number.