

OLEY VALLEY YOUTH LEAGUE, INC. REGISTRATION – Fall 2009

Application to Participate – Assumption of Risk – Release of Liability

***** PLEASE READ CAREFULLY AND FILL IN THE FORM IN ITS ENTIRETY ***** PLEASE PRINT LEGIBLY *****

Full Legal First Name:		Address:		
Middle Name or Initial:		City:	State:	Zip:
Full Legal Last Name:		School Attending:		
Current Grade:	Current Age:	Birth Date:	Gender:	
Parent/Guardian #1		Parent/Guardian #2		
First Name:		First Name:		
Last Name:		Last Name:		
Home Phone:		Home Phone:		
Cell Phone:		Cell Phone:		
Work Phone:	Ext:	Work Phone:	Ext:	
Email address:		Email address:		
Medical Conditions (i.e.: Allergies, Asthma, Diabetes, etc.)				
Emergency Contact Other Than Parent:			Phone:	
Doctor:		Phone:	Hospital Preference:	

(I/We) the parents/guardian of the above-named applicant, hereby request that (my/our) child participate and give (my/our) approval for the above-named child to participate in the youth league program. (I/We) do assume all risk and hazards incidental to such participation, including transportation to and from the activities, and (I/We) do hereby waive, release, absolve, indemnify and agree to hold harmless the OLEY VALLEY YOUTH LEAGUE, INC., its organizers, sponsors, supervisors, coaches, participants, and persons transporting the above-named child to and from activities, from any claim arising out of an injury to the above-named child, including costs and legal fees. WE UNDERSTAND THAT PARTICIPATION IN ATHLETICS INVOLVES RISK. (I/WE) UNDERSTAND AND ASSUME ALL RISK OF INJURY TO (MY/OUR) CHILD.

(I/We) agree to return, upon request, the uniform and/or other equipment issued to the above-named child in as good condition as when received, except for normal wear and tear. The uniform for the above program will not be issued to the applicant unless this registration form is completed and the appropriate registration fee is received.

(I/We) agree that the above-named player will participate/play on the team for which they have been assigned by the Oley Valley Youth League or its designee. (I/We) certify that one of the parents/guardians of the above-named player resides within the Oley Valley School District.

(I/We) realize responsibility as a parent/guardian to help maintain the League and **DO PROMISE TO DONATE TIME** during the course of the above-named program upon request, or as result of special events due to participating in premiere or travel teams.

As the parent or legal guardian of the above-named player, (I/We) hereby give my consent for emergency medical care prescribed by a duly licensed Physician. This emergency care may be given under whatever conditions are necessary in the judgment of the league or its coaches to preserve the life, limb, sight or well being of the minor.

SIGNATURE OF LEGAL GUARDIAN _____ **DATE** _____

Print Name: _____ **Relationship** _____ **Phone #:** _____

This section to be filled out by OVYL representatives:

Player Name:				
Sport	Field Hockey	U6-U8 Soccer	U9-U13 Soccer	U14 & Up Soccer
Coaching	[]	Commissioner Init _____		Recorder Init _____
Cash	_____	Check #	_____	Total _____

Shirt Size for PLAYER (Circle One):	Short Size for Player (Circle One):
Youth: - XS S M L XL Adult: - S M L XL XXL XXXL	Youth: -XS S M L XL Adult: - S M L XL XXL XXXL
	Shirt Size for VOLUNTEER COACH only (Circle One):
	Adult: - S M L XL XXL XXXL

SPORT OF PARTICIPATION (Check only one):

Field Hockey (entering grades 3 through 6)

U6 - U8 Soccer (Kindergarten to 2nd grade and must be 5, 6, or 7 years old by Aug 1st)

U9 - U13 Soccer (3rd grade and higher - must be 8 - 12 years old by Aug 1st)

U14 & UP Soccer (13 – 18 years old by Aug 1st)

“I WOULD LIKE TO DO MY PART” – Fill in all that apply

KEY POSITIONS

- Head Coach
- Assistant Coach
- Team Parent

SPONSORSHIPS

- Team Sponsor \$200 includes name on back of team shirt
- OVYL Board Sponsor \$650 upfront or \$750 split over three year (Sponsorship for three years)

Confirm total at checkout before writing check. These fees are the responsibility of the Parent/Guardian.

Registration Fees:		
Field Hockey	\$50	
U6 – U8 Soccer	\$50	
U9 – U13 Soccer	\$50	
U14 & Up Soccer	\$70	Higher due to additional referees
Uniform Fee	\$25	U9 & Up Soccer Only (3 Year Uniform)
Concession Stand Deposit	\$30	Refunded if Volunteer Time Completed
Fund Raising		Voluntary – See Fund Raising Table
TOTAL DUE		Make Check Payable to OVYL

If you are unsure of the total fees, please ask a Youth League Representative at the time of registration.

Refunds are available in full only if requested within 30 days of the final registration date. Refunds are not available if the child decides not to participate after 30 days of the final registration date.

OVYL – PO Box 152, Oley, PA 19547 – www.ovyl.org

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