

**NOGSL**  
**Player Registration Form**  
*Fall 2008 - Spring 2009*

Club: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Age Group: U - \_\_\_\_\_

**Player Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Mother's Date of Birth - MMDD \_\_\_\_\_

*This information is used to create a unique player id number*

Primary Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_

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

**Liability Waiver Form**

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify the organization/club for which she is registered to play, OYSA-N, NOGSL, their affiliated sponsors, employees and associated personnel, and the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of her participation. I have reviewed this form and attest that the information it contains is accurate. I agree that I will abide by the rules and regulations of OYSA-N and NOGSL.

Parent/Guardian  
Signature

Date

**Consent for Medical Treatment (Minor)**

As the parent/guardian of the above named player I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or a doctor of medicine or dentistry provide her with medical assistance and/or treatment. I also agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian  
Signature

Date