

OKC 405 Futbol Club

FOR OKC 405 FC OFFICE USE ONLY

Date Payment Received	Cash	Check #	\$
New Player Returning Player _		Male	Female
Seasonal Year 20 – 20			
Player First Name	Player Last Name		Date of Birth
Street Address	City	State	Zip Code
Parent/Guardian #1	Best Phone #	Email	
Parent/Guardian #2	Best Phone #	Email	
its affiliated organizations, and sponse in consideration for the USYSA acce hereby release, discharge and/or oth employees and associated personnel, any claim by or on behalf of the regis transported to or from the same, which	epting the registrant for its soc erwise idemnify the USYSA, including the owners of the fi- strant as a result of the registra	cer programs an its affiliate org elds and facilities ant's participation	d activities (the "progranizations and spon- s utilized for progran
Parent/Guardian Printed Name	Signature		Date
CONSENT FOR MEDICAL TREATH hereby give consent for emergency repentistry. This care may be given un of my dependent.	medical care prescribed by a c	duly licensed Do	octor of Medicine or
 Parent/Guardian Printed Name	Signature		Date