

2017 Oakland Parks & Rec

Soccer



Register: Now thru August 11th , 2017

Season: Sept 2nd- Oct 14th

***\$15 late fee applies after August 11th**

Registration forms can be turned in at: Oakland City Hall, 170 Doss Circle

Or By Mail: Oakland Parks & Rec, P.O. Box 442, Oakland, TN 38060

FEES: \$50 (ages 5 & up) \$30 (Happy Feet ages 3 &4) (all players receive full uniform and trophy)

Sibling discount-\$15 off each child after one full registration FAMILY MAX- \$150

ALL HEAD COACHES WILL ALSO RECEIVE (1) FREE REGISTRATION FEE

Practice/Game Location Cypress Creek Park

Age Groups: 3-4yr (Happy Feet), 5-6yr, 7-9yr, 10-12yr, 13-17yr (*Could be altered based on registration)

For Information, Contact Marshall Crawley or Hillary Pitt at 901-465-2921 or email parksandrec@oaklandtennessee.org

All Players Must Have Signed Concussion & Sudden Cardiac Arrest Forms Completed Before 1st Practice
Download these forms at www.oaklandtennessee.org

Player's Name _____ DOB _____ M ___ F ___ Age as of Aug 1st , 2017 _____

School Attending _____ Grade _____

Parent/Guardian Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Receive texts? Y N

Age Group (please circle): 3-4 5-6 7-9 10-12 13-17
Jersey Size- YXXS YXS YS YM YL YXL AS AM AL AXL
Shorts Size YXXS YXS YS YM YL YXL AS AM AL AXL

Coach/Teammate Request _____

Volunteer Information

I would like to volunteer as:

Head Coach: _____

(FREE REGISTRATION)

Asst. Coach: _____

All coaches will be subject to background check

Requests cannot be guaranteed. All requests will be considered but even skill level teams will be first priority.

I hereby waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, the Town of Oakland and the following entities/ persons: Town of Oakland Parks & Recreation, their officers, directors, employees, volunteers, representatives, and agents. B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any all liabilities or claims made by other individuals or entities as a result of my or any actions during my participation. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation. In such event, I shall be solely responsible for all medical expenses associated with the medical care. I understand that the goals and objectives of the OPRCA are based on fun, fair play and skills development. I pledge that we will conduct ourselves in a manner that is positive and supportive of all participating children, including our own. I give permission, without obligation, to the OPRCA to take film footage, photographs or tape recordings that may include my child's image or voice for purpose or interpretation of OPRCA programs and website.

Parent/Guardian Signature _____ Date: _____

For info about sponsoring teams please contact our office.