



PARKS & RECREATION DEPARTMENT SPRING YOUTH SOCCER

Registration Form

Program Dates: Starts week of March 25th. Games
will be played on Saturday mornings April 6th, 13th, 20th, 27th.



I, the Parent/Guardian of the child listed below, hereby agree to indemnify, and hold harmless the Osceola Parks & Recreation Department, the City, its agents, commissioners, officers, volunteers, and employees of from any and all liability for personal injuries or damages that may hereafter be sustained while participating in, traveling to or from, or observing of this Youth Recreational Program.

Child's Name: _____ Male/Female

Grade:(K-6th)_____ Phone: (H) _____ (C) _____

Address: _____

E-mail address: _____

Parent's name (print): _____

Participant Jersey-Shirt Size: (Please circle one)

Youth Sizes:

Medium Large

Adult Sizes:

Small Medium Large X-Large XX-Large

Father/Mother would help by coaching: Yes No (Circle One)

Willing to coach with: _____

Registration Deadline: Friday, March 15th, 2024.

Any registration after March 15th must pay an additional \$20 late fee.

Please return form, along with \$40.⁰⁰ or \$20 if a new jersey is not needed.

Osceola City Hall, 115 N. Fillmore Street, Osceola, Iowa 50213

MEDICAL AUTHORIZATION

FOR: _____

I, THE PARENT/LEGAL GUARDIAN OF THIS PARTICIPANT IN THE LOCAL YOUTH PROGRAM, HEREBY AUTHORIZE THE TEAM COACH/ASSISTANT COACH TO OBTAIN WHATEVER MEDICAL SERVICES DEEMED NECESSARY IN THE EVENT THE PARTICIPANT SUSTAINS AN ILLNESS OR INJURY IN MY ABSENCE. THIS AUTHORITY INCLUDES CONSENT TO ANY MEDICAL PERSONNEL OR FACILITY TO RENDER CARE AND TREATMENT AUTHORIZED BY THE COACH/ASSISTANT COACH. THE CITY OF OSCEOLA, PARKS AND RECREATION DEPARTMENT, ITS AGENTS, COMMISSIONERS, OFFICERS, VOLUNTEERS AND EMPLOYEES WILL NOT BE RESPONSIBLE FOR THE COST OF MEDICAL TREATMENT OR TRANSPORTATION.

Listed Below Are Any Allergies/Illnesses Or Special Needs Of The Participant:

Parent/Guardian Signature: _____ Date: _____