					Osceola	
DSCEOLA	PARKS &	RECREATIO	N DEPA	RTMEN	T (ES)	
PROUD OF OUR HISTORY. READY FOR THE FUTURE.		YOUTH SOC	CCER		DAN 5	
		Registration I	Form		TS & Porreation	
	Gi	ades: Kindergarten	a – 6th grade		A VECI-	
& Recreation De and all liability f	epartment, the City, its	s agents, commissioner damages that may her	s, officers, volu	unteers and e	less the Osceola Parks employees of from any rticipating in, traveling	
Child's Name	•				Male/Female	
Grade:(K-6 th)			Phone:(Cell)			
Address:						
Parent's name	e (print):					
	Participar	nt Jersey-Shirt Size	e: (Please cire	cle one)		
Yout	h Sizes:		E	Adult Sizes:		
	ium Large	Small		Large		
Father/Mother	would help by coa	ching: Yes No (C	Circle One)			
Willing to coa	ch with:					
U						

<u>Registration Deadline: Friday, August 23rd.</u> <u>Any registration after August 25th must pay an additional \$10 late fee.</u>

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: _____

ACCAC