

# OPAR 2023 Soccer Registration

## Player Information

Player First Name (Print): \_\_\_\_\_

Player Last Name (Print): \_\_\_\_\_

Player Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Gender:  Male  Female

Shirt Size:  Y-Small  Y-Medium  Y-Large  A-Small  A-Medium  A-Large  A-XL

Address (Please Print):

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Parent Information

Parent/Guardian #1

Parent/Guardian #2

First Name (print): \_\_\_\_\_

First Name (print): \_\_\_\_\_

Last Name (print): \_\_\_\_\_

Last Name (print): \_\_\_\_\_

Cell#: \_\_\_\_\_

Cell#: \_\_\_\_\_

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

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

Volunteer to Help?  Yes  No

Volunteer to Help?  Yes  No

## Emergency Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Does Child have Medical Insurance?  Yes  No

Medical Issues?  Yes  No If yes, Describe: \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

**CONSENT FOR MEDICAL TREATMENT (MINOR):** as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature: \_\_\_\_\_

I/We have read, understand and agree to comply with the Consent for Medical Treatment (Minor) as outlined above.

I understand that NO PETS ARE ALLOW AT JOE MACK CAMPBELL PARK and I will be asked to remove pet from park EXCEPTIONS being service animals.

I understand that NO SMOKING is allowed at Joe Mack Campbell or any other practice facility.

**Return to OPAR or Osceola City Hall - 303 West Hale - Osceola, Arkansas**