



OYSA

SPRING BREAK CAMP MARCH 29TH – APRIL 2ND

Registration Dates: Jan 25th to March 15th

LEARN TECHNICAL AND TACTICAL SKILLS FROM CAMP DIRECTORS/TRAINERS

ANTONI NACO AND LARRY FERROL

For more information, go to www.OYSASOCCER.org, email dferrol@aol.com, or call 727-251-2036

Who: Boys and girls of all playing levels ages 4 TO 18.
What: March 29 - April 2
Time: 8:00 AM – 4:00 PM
Cost: \$75.00 for OYSA members and \$85.00 all others
Where: Osceola High School Fields

Soccer T-shirt Included

YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ A2X ___

Child's Name: _____ Address: _____

City: _____ Zip: _____ Age _____ DOB _____

Phone (H) _____ (C) _____ (W) _____

E-mail: _____ Male or Female

Medical Conditions _____

By checking yes I understand that pictures taken of my child may be used in promotional material, OYSA Yes _____ No _____

I understand that my application will not be processed if full payment is not received at the time of registration. **Enclosed is my check for \$65.00 made payable to OYSA. MAIL APPLICATION AND CHECK TO: OYSA, PO Box 10071, Largo, FL 33773**

RELEASE OF LEGAL GUARDIAN ON BEHALF OF A MINOR

As a parent/guardian of the applicant, I hereby give permission for my child to participate in OYSA Spring Soccer and agree to comply with all program regulations. I hereby release, discharge and otherwise indemnify the OYSA and OHS , staff, management of local organization from any liability for injuries incurred during my child's participation in this program. I, the undersigned parent/guardian, do hereby authorize the coaches at Osceola Youth soccer or local organization to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care he/she may deem necessary.

Parent/Guardian
Print Name: _____

Signature: _____

Date: _____ Paid check# _____ Cash _____

**Each child should
bring a soccer ball,
shin guards, lunch and
water.**