



**Deadline February 5th**  
**HOLDEN OPTIMIST SOCCER CLUB**  
**REGISTRATION FORM**



Make checks payable to: HOSC (No refunds after child is placed on a team)  
Mail forms back to 124 W 2nd Holden, MO 64040  
HOSC Voicemail (816) 732-6129  
Valerie Agcopra (816) 248-6297

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**Register by Jan 29th for the Spring Season for \$10 Discount**

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## **Holden Optimist Soccer Club**

### **Spring Season**

**(Practices in Holden may start the 2nd week of February)**

**FEE:**

Age is as of January 1, 2018

- ☐ **\$60 Holden Firehawks U8** (ages 7 - 8) games played in Warrensburg Practice in Holden
- ☐ **\$60 Holden Firehawks U10** (ages 9 - 10) games played in Warrensburg Practice in Holden
- ☐ **\$60 Holden Firehawks U12** (ages 11 - 12) games played in Warrensburg Practice in Holden
- ☐ **\$60 Holden Firehawks U14** (ages 13 - 14) games played in Warrensburg Practice in Holden

**Late Fee:** May apply to registrations received after February 5th

Jersey Size (Circle One): Youth:    S    M    L                    Adult:    S    M    L    XL

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## **HOSC GEAR**

- ☐ **\$15 Additional HOSC Soccer Team T-Shirt**      QTY \_\_\_\_\_ Sizes \_\_\_\_\_
- ☐ **\$20 Additional HOSC Soccer Team Jersey**      QTY \_\_\_\_\_ Sizes \_\_\_\_\_
- ☐ **\$30 HOSC Soccer Team Hoodie**                      QTY \_\_\_\_\_ Sizes \_\_\_\_\_

### **Facebook: Holden Optimist Soccer Club**

**SIGNUP:** Spring: 2<sup>nd</sup> Week of January    Fall: 2<sup>nd</sup> Week of July

After T-shirts have been Order; may be responsible for t-shirt (\$25.00 which includes re-taping fee)

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**COMPLETE THE BACK OF THE FORM**

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# HOLDEN OPTIMIST SOCCER CLUB

## REGISTRATION FORM

Page 2 – complete all information

All children will be placed in appropriate division

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M F

Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Parent Information:

Father's Name \_\_\_\_\_ Ph(H) \_\_\_\_\_ Ph(C) \_\_\_\_\_

Email\* \_\_\_\_\_ Carrier: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Ph(H) \_\_\_\_\_ Ph(C) \_\_\_\_\_

Email\* \_\_\_\_\_ Carrier: \_\_\_\_\_

\*Email addresses and texting will be used by HOSC for communication purposes

### LIABILITY RELEASE AND WAIVER

#### MUST be signed by parent or legal guardian of player

**Liability Release:** I, the parent or legal guardian of the above registered player, a minor, agrees that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrations and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of actions arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

**Waiver:** In consideration of and as an inducement for the player shown on this registration form being allowed to participate in the activities or events of the Holden Optimist Soccer Program, the player and parent/guardian agree to hold harmless, make no claims of any kind or character and hereby waives, releases and discharges all claims that might hereafter arise against the Holden Optimist Soccer Program, its board, coaches, volunteers and associates, the owners of the property on which games, practices or other events may occur. In the event of any such claim, the player and parent/guardian agree that any cost associated with such claim is the sole responsibility of the player and parents/guardian.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### PARENTAL SUPPORT

☐ Coach ☐ Asst Coach ☐ Field Maint

☐ Team Mgr/Parent ☐ Club Position ☐ Refs

☐ Board Member ☐ Work Concession

☐ Interested in attending a Coaches Clinic

☐ Ph # \_\_\_\_\_

#### THIS SECTION TO BE COMPLETED BY LEAGUE OFFICIAL:

League Fee \$ \_\_\_\_\_ Received By: \_\_\_\_\_

Discount \$ \_\_\_\_\_ Date \_\_\_\_\_

Other \$ \_\_\_\_\_ Cash \_\_\_\_\_

Total \$ \_\_\_\_\_ Check# \_\_\_\_\_

Sibling(s) \_\_\_\_\_