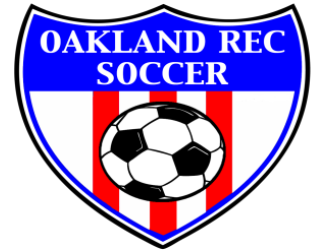


Spring 2018 Oakland Rec



Register: Now thru March 5th, 2018

Season: March 17th – May 12th, 2018

***\$20 late fee applies after March 5th**

Registration forms can be turned in at: Oakland City Hall, 170 Doss Circle

Or By Mail: Oakland Parks & Rec, P.O. Box 442, Oakland, TN 38060

FEES: \$45ea Happy Feet (Ages 3 & 4)

\$75ea Ages 5 & up

Sibling discount of \$25 per add'l child

\$150 Family maximum

ALL HEAD COACHES WILL ALSO RECEIVE (1) FREE REGISTRATION FEE

****ALL players receive full uniform including deluxe jersey, shorts, socks, and a TROPHY****

Practice/Game Location: Cypress Creek Park & West Jr HS, Highway 194 South, Oakland, TN

Age Groups - 3-4yr (Happy Feet), 5-6yr, 7-9yr, 10-12yr, 13-17 (*Could be altered based on registrations)

For Information, contact Oakland Parks & Rec @ 465-2921, Oakland City Hall @ 465-8523, or email @ parksandrec@oaklandtennessee.org

All Players Must Have Signed Concussion & Sudden Cardiac Arrest Forms Completed Before 1st Practice
Download these forms at www.oaklandtennessee.org

Player's Name _____ DOB _____ M ____ F ____ Age as of March 1st, 2017 _____

Player's Experience: 1st year ____ or # of seasons played ____

Parent/Guardian Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Receive texts? Y N

School Attending _____ Grade _____

Age Group (please circle) 3-4yr 5-6yr 7-9yr 10-12yr 13-17

Players may play up but not down

Jersey Size- YXS YS YM YL YXL AS AM AL AXL A2XL

Shorts- YXXS YXS YS YM YL YXL AS AM AL AXL A2XL

Coach/Teammate Request _____

Requests cannot be guaranteed. ONLY 3 COACH REQUESTS PER TEAM. Even skill level teams will be first priority.

I hereby waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, the Town of Oakland and the following entities/ persons: Town of Oakland Parks & Recreation, their officers, directors, employees, volunteers, representatives, and agents. B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any all liabilities or claims made by other individuals or entities as a result of my or any actions during my participation. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation. In such event, I shall be solely responsible for all medical expenses associated with the medical care. I understand that the goals and objectives of the OPRCA are based on fun, fair play and skills development. I pledge that we will conduct ourselves in a manner that is positive and supportive of all participating children, including our own. I give permission, without obligation, to the OPRCA to take film footage, photographs or tape recordings that may include my child's image or voice for purpose or interpretation of OPRCA programs and website.

Parent/Guardian Signature _____ Date: _____

<p>Volunteer Information</p> <p>I would like to volunteer as:</p> <p>Head Coach: _____</p> <p>(FREE REGISTRATION)</p> <p>Asst. Coach: _____</p> <p style="text-align: center;">*All coaches will be subject to background check*</p>
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