



Jr Spring League Registration 2009

Club Name: _____

Due Date: FEBRUARY 9, 2009

Team Name: _____

(Your Team Name will appear in the league schedule)

**Note: E-mail is our primary form of communication.
Please print your e-mail address neatly.**

- Boys Girls
- U10 8v8
(birthdates on or after 8/1/1998)
- U8 4v4
(birthdates on or after 8//12000)

Team Contact: _____ E-mail Address: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Street Address: _____

City/State/Zip: _____

The Team Contact is:

- Coach Manager
- Ass't Coach _____

Coach's Name: _____ Cell Phone: (____) _____ - _____

E-mail Address: _____ Home Phone: (____) _____ - _____

All players must be registered with OYSA and have a valid player's card.

All parents and spectators must sit on the opposite side of the field as the team.

LEAGUE FEES:

U10 8v8: \$340
U8 4v4: \$190

GAME DATES

Mar 1 Mar 8 Mar 15
Mar 29 Apr 5 Apr 19
Apr 26

The league fee is non-refundable once the team is notified of acceptance to the Junior Spring League.

Release of Liability

The registrant, its players, and its parents will abide by the rules of F.C. Portland Academy (hereafter referred to as FCPA), its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for FCPA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify FCPA its affiliated organizations and sponsors, their Board of Directors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I give my permission for all medical care deemed necessary by a duly licensed doctor of medicine in my absence for team players.

Team Coach or Club Official (printed name): _____

Signature: _____ Date: _____

To complete your team's registration, send this form and check for \$340 for each U10 Team and/or \$190 for each U8 Team to:

- FC Portland Academy ▪ 21255 NW Jacobson Rd, Suite 300 ▪ Hillsboro, OR 97124 ▪
- 503.439.8364 ▪ 503.439.8369(fax) ▪ www.fcportland.org ▪

Office Use Only

Paid \$ _____

Ck/CC # _____

Date: ____/____/____