

**OPRF Strikers ACORN ACADEMY Fall 2010**  
**APPLICATION/REGISTRATION FORM**

(Use a separate application for each child.)



Participant's Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Soccer Age (based on participant's birth date). Check one. Circle: Male / Female

\_\_\_ U6 (8/1/2004 – 7/31/2005) \_\_\_ U7 (8/1/2003 – 7/31/2004) \_\_\_ U8 (8/1/2002 – 7/31/2003)  
 \_\_\_ U9 (8/1/2001 – 7/31/2002) \_\_\_ U10 (8/1/2000 – 7/31/2001) \_\_\_ U11 (8/1/1999 – 7/31/2000)

T-shirt size (Check one): \_\_\_YS (4-6) \_\_\_YM (8-10) \_\_\_YL (12-14) \_\_\_AS \_\_\_AM

School \_\_\_\_\_ Grade (circle) K 1 2 3 4 5 Player's home phone \_\_\_\_\_

Player's Home Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's email \_\_\_\_\_ Father's email \_\_\_\_\_

(Please print email addresses carefully. Check email for acceptance and instructions.)

Player medical condition or eyeglasses \_\_\_\_\_

Emergency contact \_\_\_\_\_ Emergency contact phone # \_\_\_\_\_

I, the undersigned Parent/Guardian, hereby give my consent for my child to participate in the Oak Park River Forest Strikers Soccer Club ("Strikers") program directed by Soccer Success, Inc. or any professional coaches/trainers designated by Strikers and waive any legal claim against those individuals associated with these soccer activities in the event the named participant is injured, suffers sickness or any other difficulties, and/or does not make clear any medical condition that prevents him/her from participating in the activities. I also agree to hold all School Districts harmless. I give my permission to Strikers and its agents and staff to assist my child if injured, and, to use my child's name and/or likeness (photo or electronic) in publications, news articles, special events media broadcasts or on its Club website (names are not matched with pictures on the website). I also confirm that all information provided on this registration form and the IYSA Medical Release form is accurate. Strikers retains the right to cancel sessions due to circumstances beyond its control including inclement weather and gym closures, with no refunds given. Participation is limited; first come, first served.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**To complete application/registration:**

- Complete this application/registration form and the **IYSA Medical Release** form.
- Use separate forms for each child if registering more than one child.
- Mail both forms with a check for \$125 made out to "OPRF Strikers".  
 Address: OPRF Strikers, P.O. Box 5544, River Forest, IL 60305.  
 Attn: **Acorn Academy**

\*\*\*\*\*  
 For Internal Use: Postmark date \_\_\_\_\_ Check # \_\_\_\_\_ Check Amt \_\_\_\_\_ Waitlist \_\_\_\_\_