

OAHU LEAGUE

Team Entry (Reservation) Form

NOTE: TEAMS FEES ARE NON-REFUNDABLE

Season: FALL _____ WINTER _____ SPRING _____

(Note: The league may combine age groups or competition levels if there are not enough teams)

ACTUAL AGE GROUP: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

(Circle One)

BUT WE WISH TO PLAY IN: _____ DIVISION

Competition Level Desired: (Circle One) GOLD SILVER BRONZE

Gender: (Circle One) BOYS GIRLS

CLUB: _____ (Previous HYSA Team #, if any _____)

TEAM NAME: _____ Uniform Colors: _____

Head

Coach: _____ License: _____

Street Address: _____

City: _____ Zip: _____

Phone #s- Home: _____ Work: _____ Fax: _____

Email Address: _____

Other

Contact: _____ License: _____

Phone #s Home _____ Work _____ Fax _____

Email Address: _____

Additional e-mail addresses welcomed

Home Area: _____

Black Out Dates- Please list dates that your team can not play. Schedules will not be changed for other leagues/sports. [Exception: School Activities]

COMMUNICATIONS: Each team will be required to provide an e-mail address, since many things come up where immediate notification is required. Information should e-mailed to Fred Rames at - frames@pixi.com..faxes will used as an alternate, if e-mail capability is limited.

Coach Acknowledgement

I, _____, have read the "Advisory to
(print coach name)

Coaches" dated November 1, 2000, and agree to follow the guidelines set forth by the OL Board of Directors. I understand that if I do not follow the guidelines or meet the expectations as stated, I may be placed on probation or removed from the list of eligible coaches. If I do not comply with the OL guidelines and receive sanctioning I may appeal the sanctioning through the appeals process established by the OL. The decision of the OL Board in the appeal is final.

(Signature)

(Date)

Oahu League (OL) of the the Hawaii Youth Soccer Association (HYSA), 930 Hauoli St., #302, Honolulu, HI 96826

