

OSAA REGISTRATION FORM INSTRUCTIONS

The following step-by-step instructions will guide you through the 2010 OSAA registration form and volunteer form.

First a couple of notes:

- Please completely fill out ONE registration form for EACH child.
- Please fill out ONE volunteer form per family.
- If you are registering a child for the FIRST time you must come to the walk-in registration on February 20, 2010 at Burke High School between 9am-12:30pm. ALL NEW PLAYERS ARE REQUIRED TO SHOW A COPY OF THEIR BIRTH CERTIFICATE.
- Be sure to include your registration check and volunteer deposit check with your forms. Check the registration fee table as different leagues have different fees: Pinto fee is \$100.00, Boys Pony fee is \$125.00, etc. **NOTE: There is a \$320.00 maximum sports registration fee per family.**
- Forms not accompanied by check(s) (sports fee and volunteer fee/deposit) will not be processed.
- Mail all player registration forms along with one family volunteer form to the OSAA office:
2931 South 120th Street
Omaha, NE 68144.
- If the forms are mailed, they must be postmarked by March 1, 2010. Any registrations received with a postmark after that date will be taken on a "first come-first served basis."
- If you have any questions or need to register a new player, please attend the walk-in registration on February 20, 2010 from 9am – 12:30pm at Burke High School. You may also call the OSAA office at 697-8759, or e-mail us at osaa@omahasuburban.com.

Registration Form:

1. The first section is general information. Please complete all the information requested. **NOTE:** Be sure to indicate if child played with OSAA last year. **NOTE:** If child attends preschool or is home-schooled, indicate which OPS school area he/she lives in.
2. Select the appropriate league for your child. Your child's date of birth must be entered in the appropriate box in the left-hand column. **NOTE: PLAYERS WILL BE ALLOWED TO PLAY ONLY IN LEAGUES THAT CORRESPOND TO THEIR AGE OR GRADE.**
3. Select the player's shirt size. OSAA will do its best to give you the size you requested. **NOTE:** Shirt sizes for Mustang leagues and older are adult sizes – please carefully select your sizes.
4. Fill out the Special Request section if you would like to request your child play with a friend/classmate, or to request a specific coach. Please limit your request to no more than one or two players or a coach! Each league commissioner will review requests when putting teams together; **however, we cannot guarantee any request will be granted.**
5. If interested in coaching, please indicate this on volunteer form.
6. Sign and date the registration form.

Volunteer Form:

1. Fill out the volunteer information including all players/family members registered with OSAA.
2. If you choose not to volunteer, you are required to include a \$75 non-volunteer fee. Check the box indicating you will not be volunteering. You can write one check to cover the sports fee and non-volunteer fee. Please date the check with the current date. Please skip to Step 7.
3. If you will be volunteering, you will need to include a separate \$100 volunteer check. Once your volunteer assignment has been completed, this check will be returned to you. OSAA will only cash the checks of those who fail to fulfill their volunteer obligations.
4. Please select a volunteer position from one of the following options:
 - a) Head Coach: OSAA reserves the right to deny someone's request to be a head coach.
 - b) Snack Shack: a three-hour shift selling and preparing food, light cleaning.
 - c) General Maintenance: cleaning, trash pick-up, general repair and some field maintenance.
 - d) Office Assistant: help staff at the OSAA office with calling, scheduling, filing, etc.
 - e) Assistant Coach: **this does not qualify for a volunteer refund;** however we give the information to the head coach to let them know your willingness to help.
5. Sign and date the volunteer form.

OMAHA SUBURBAN ATHLETIC ASSOCIATION 2010 REGISTRATION FORM

ONLY ONE FORM PER PLAYER : @@C1 HF9: -GH5 HCB' B: CFA5 HCB' DF-BH' A5=@K H' D5 MA9 BH

PLAYER'S LAST NAME		PLAYER'S FIRST NAME		M	F	PLAYED IN OSAA IN 2009?	
						YES	NO
STREET ADDRESS				CITY		ZIP CODE	
SCHOOL (or SCHOOL AREA)			CURRENT GRADE		PLAYER'S PHONE NO.		
FATHER'S LAST NAME	FIRST NAME	HOME PHONE		CELL/WORK PHONE		EMPLOYER	
MOTHER'S LAST NAME	FIRST NAME	HOME PHONE		CELL/WORK PHONE		EMPLOYER	
E-MAIL ADDRESS 1				E-MAIL ADDRESS 2			

D.O.B	AGE RANGE	GRADE	LEAGUE	Registration Fee		SHIRT SIZE (SELECT ONE)
	5/1/04 - 4/30/05	Pre-K	T-BALL	\$75.00		YOUTH
	5/1/03 - 4/30/04	K	SHETLAND	\$85.00		YOUTH
	5/1/01 - 4/30/03	1st-2nd	PINTO	\$100.00		YOUTH
	5/1/99 - 4/30/01	3rd-4th	MUSTANG	\$105.00		YOUTH
	5/1/97 - 4/30/99	5th-6th	BRONCO	BOYS	GIRLS	ADULT
				\$115.00	\$110.00	ADULT
	5/1/95 - 4/30/97	7th-8th	BOYS PONY	\$125.00		ADULT
	5/1/94 - 4/30/97	7- 8- 9th	GIRLS PONY		\$115.00	ADULT
	5/1/93 - 4/30/95	9th-10th	BOYS COLT	\$160.00		ADULT
	5/1/91 - 4/30/93	11th-12th	BOYS PALAMINO	\$160.00		ADULT

SPECIAL REQUEST (i.e. same team as player Joe Smith or Coach Bob Jones or school)

MAKE TWO (2) CHECKS PAYABLE TO : OSAA - 1) SPORTS FEE; 2) VOLUNTEER CHECK

CONSENT: No individual who renders services to or on behalf of Omaha Suburban Athletic Association (OSAA) including but not limited to directors, commissioners, all volunteers of any nature whatsoever, and/or OSAA shall be liable for civil damages resulting from any negligent act or omission of any such individual occurring in the performance of any duty relating to OSAA. Further, directors, commissioners, coaches, managers, umpires, referees, their assistants, volunteers or anyone who prepares any playing field shall not be liable for the injury or death of any participant in any OSAA event which results from the negligence of any of the above listed individuals. I hereby give my consent for my child or children participating in any and all activities of the OSAA with full knowledge of the above disclosure. In addition, I hereby consent to participate as a volunteer in any and all activities designated by OSAA with full knowledge of the above disclosure. All risks and hazards incidental to such participation, including but not limited to transportation to and from such activities and maintenance and care of the area commonly known as Lamp Park are assumed by the participant and the parent.

SIGNATURE OF PARENT OR GUARDIAN	DATE

RETURN BOTH PARTS OF THIS REGISTRATION FORM TO : OSAA, 2931 S. 120TH ST., OMAHA, NE 68144

FOR OFFICE USE ONLY	Check # _____	V Check # _____	Cash _____	W/Regis. _____	Family Max _____
	Date Processed _____	Birth Certificate Checked <input type="checkbox"/>	Initials _____	Total Cost _____	
OFFICE USE ONLY					

OMAHA SUBURBAN ATHLETIC ASSOCIATION VOLUNTEER FORM

ONLY ONE FORM NEEDED PER FAMILY - PLEASE FILL IN INFORMATION, PRINT AND MAIL W/ REGISTRATION

Each OSAA family will be required to volunteer a **minimum of 3 hours** of time to the organization. A check for \$100 will be collected at registration and will be refunded when the volunteer assignment is completed. If **not volunteering**, there is a \$75 fee that will be collected at the time of registration. Please make checks payable to OSAA.

VOLUNTEER INFORMATION

LAST NAME OF VOLUNTEER		FIRST NAME OF VOLUNTEER	
HOME PHONE NUMBER	CELL/WORK PHONE NUMBER	E-MAIL ADDRESS	

Volunteering \$100 refunded

PLEASE INDICATE PREFERENCE	
<input type="checkbox"/>	<u>Snack Shack</u> - Work 3 hours in concession stand.
<input type="checkbox"/>	<u>General Maintenance</u> - Work picking up trash, general field maintenance and other projects as needed.
<input type="checkbox"/>	<u>Office Assistant</u> - Assist administrative staff with calling, scheduling, filing, etc.
<input type="checkbox"/>	<u>Head Coach</u> - Organize practices and games.* Indicate desired league.
<input type="checkbox"/>	<u>Assistant Coach</u> - Help coach with practices and games.* DOES NOT QUALIFY FOR REFUND

* all coaches will be subject to a background check.

<input type="checkbox"/>	I will NOT be volunteering. My \$75 check is included.
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I understand OSAA will attempt to assign my volunteer duty accordingly, however, assignments will be based on need. If I am unable to fulfill my shift I understand that I am responsible for locating a replacement. I also understand failure to report for my shift will result in forfeiture of my volunteer fee.

Signature of Volunteer X _____ Date _____

For office use only	Vol Check # _____	Vol Check Amount _____	OSAA verification _____
	Date worked _____	Time _____	Job _____
Rain-out _____	Rain-out _____	Vol. check rcd/sent by _____	Date _____