

**Oceanside Athletic Association
Basketball Registration**

Student Name: _____ Grade: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Additional Phone Number: _____

Insurance Company: _____

Date / Last Physical: _____ Performed by: _____

Registration Fees: \$50.00 Per Child

\$75.00 Per Family (2)

Note: There will be a \$10 fee for any additional children after the family rate of \$75. If a student is planning on participating in any additional sports in the winter or spring seasons, a payment of \$35 will be due per sport.

Please make checks payable to: Oceanside Athletic Association, Inc.

I give my child / children _____
permission to play in the Oceanside Athletic Association, Inc. I assume all
responsibility from accidents and/or injuries to my child/children. I relieve
the Oceanside Athletic Association, Inc. of any/all liability.

Parent Signature: _____ Date: _____

- Please Note: No child will be allowed to participate without a completed OAA registration form and fees.