



Ohio Haitian Soccer League Registration Form

Team Information

1. Team Name: _____
2. Division (Select one):
 1. Premier
 2. Division 1
 3. Division 2
 4. Youth (U18)
3. Contact Person: _____
4. Phone: _____
5. Email: _____

Player Information

1. Player Name: _____
2. Date of Birth: _____
3. Position: _____
4. Jersey Number: _____

Registration Fees

1. Team Registration Fee: \$ _____
2. Player Registration Fee: \$ _____
3. Total Fee: \$ _____

Payment Method

1. Check (Payable to Ohio Haitian Soccer League)
2. Cash
3. Credit/Debit Card (Specify type: _____)

Additional Information



1. List any medical conditions or allergies:

2. Emergency Contact Name:

3. Emergency Contact Phone:

Certification

I, _____, certify that the information provided is accurate and true. I understand that the Ohio Haitian Soccer League reserves the right to verify the information and take disciplinary action if any information is found to be false or misleading.

Signature: _____

Date: _____

Please return the completed form to:

Ohio Haitian Soccer League
1121 Worthington woods Blvd #6028
Columbus OH 43085
ohiohaitiansoccerleague@myohsl.com
[614] 260-8899

Note: This is just a sample form and should be reviewed and modified according to the specific needs and requirements of the Ohio Haitian Soccer League.