



OASA Player Registration Form

Oregon Premier Futsal

Return to: OASA ~ 1750 SW Skyline Blvd, Suite 121 ~ Portland, OR 97221
Phone: (503) 292-1814 ~ Fax: (503) 297-4513 ~ Email: player@oregonadultsoccer.com

I have read the OASA waiver. By signing below, I agree to its terms.

Gender: Male Female

Signature: _____

Last Name: _____

First Name: _____

Birth Month: _____

Birth Day: _____

Birth Year: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work/Cell Ph: _____

E-mail: _____

Registration Type:

Choose One

New

Must Include:
Clear copy of ID &
color photo

Renew

Players who have
previously been
registered w/ OASA

Player Card Type:

Choose One

Standard Pass (\$45)

Valid for ALL OASA
affiliated leagues
& tournaments

Futsal Limited Pass (\$25)

Valid ONLY for play in
the **Oregon Premier
Futsal league!**

Credit Card Info - To pay using a credit card (Visa, MasterCard, Amex), complete the following:

Card Holder's Name: _____

Credit Card Number: _____

Card Expiration Date: **Month:** _____ **Year:** _____

Signature: _____

FOR OFFICE USE ONLY

Received: _____ Parent Waiver? Yes N/A

Fee: \$ _____ Form of Payment: Cash Check Credit Card

Card Number: _____ Expiration Date: _____