



City of Oxnard Recreation & Community Services
YOUTH SPORTS LEAGUE REGISTRATION INFORMATION

PLEASE PRINT OR TYPE LEGIBLY. FORM MUST BE COMPLETED BEFORE IT WILL BE ACCEPTED. LIMIT: ONE TEAM PER FORM.

School/Team Name: _____ School Phone: _____

Coach Name: _____ Coach's Phone: _____

Coach Email Address

Asst. Coach Email Address

Asst. Coach Name: _____ AC Phone: _____

LEAGUE REQUESTED: (Select One in Each Column)

Column A

____ Flag Football
____ Volleyball
____ 7 on 7 Soccer
____ Girls Slow Pitch Softball
____ Basketball

Column B

____ Girls
____ Boys
____ Coed

DIVISION REQUESTED: (Select **ONE**: One team per form)

____ Mighty Might's
____ 2nd
____ 3rd & 4th
____ 5th

____ 6th
____ 7th & 8th

For boys basketball 7th & 8th
(Circle One)

A B C

YOUTH SPORTS LEAGUE FEES

Oxnard-Based Teams: \$300

Non-Oxnard Teams: \$400

Mighty Might's:

\$50 per player + \$5 non-resident fee

Rotary Tournament: \$90 / league team

\$180 / non-league team

GAME/BYE REQUESTS List all game schedule and bye requests. No requests are guaranteed, but all timely submissions will be considered.

By signing and submitting this form, I assume responsibility for timely submission of all required forms and acknowledge the non-refundable 33% (1/3) late drop fee should this team drop after the schedule is published.

Signature Circle One: Coach / Athletic Director / Administrator / ASES Coor

Date

***** OFFICE USE ONLY *****

Amount Due: \$ _____

Date Received: _____

Amount Received: \$ _____

Registration Entry Date: _____

Type of Payment: ☐ Cash
☐ Check
☐ Credit Card

Registration Entered By: _____

Additional Notes:



City of Oxnard Recreation & Community Services
YOUTH SPORTS ROSTER

Team Name: _____ Sport League: _____ Division: _____

School Name: _____ Head Coach Name: _____

The following roster designates the names of the players representing the above-named team requesting entry into the above-named league/tournament, hosted by the City of Oxnard Recreation Youth Sports Program. As the team coach and assistant coach, we hereby verify that all players on this team are eligible to participate in league/tournament play, are aware of the rules, and other specific information regarding the manner in which the league/tournament is to be conducted and fulfill the requirements formulated by the organizers of this tournament.

We accept responsibility for timely submission of this roster and the associated fees required for entry into this league/tournament.

We accept responsibility for supervising the conduct of all players listed on this roster along with their spectators while participating in this league/tournament, and we as a team will strive to promote fair and good sportsmanship for the betterment of the league/tournament.

Head Coach's Signature _____

Date _____

Assistant Coach's Signature _____

Date _____

Participant First & Last Name	School	Grade	Date of Birth	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				