



In-House Registration



PLAYER INFORMATION:		Season: FALL / SPRING		Year: 20 /20	
Name:				Sex:	
	Last Name	First Name	MI	Nick Name	Male = M Female = F
Address:					
	Street Number and Name	City	State	Zip Code	
Phone			Birthdate:		
	Area Code	Telephone Number	E-Mail Address		

List any Medical Problem or Prohibition Player has:

Father		Alt. Phone	
	Name	E-Mail Address	Telephone Number
		Area Code	
Mother		Alt. Phone	
	Name	E-Mail Address	Telephone Number
		Area Code	
Emergency / Alternate Contact		Phone	
	Name	Area Code	Telephone Number

In-House League: U6 / U8 / U10 / U12 / U15	Uniform Size: Youth	Adult			
<input type="checkbox"/> Playing TRAVEL also <input type="checkbox"/> Single Age Group	Jersey: YXS YS YM YL	AS	AM	AL	AXL
	Shorts: YXS YS YM YL	AS	AM	AL	AXL
	Socks: Reg	King			

Parent's Consent

I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules of the PA West Soccer Association (PAWSA) and it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the PAWSA accepting the registrant for it's soccer programs and activities (the "Programs"), I hereby release, discharge and/or indemnify the PAWSA and it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields, and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I am aware that refunds for the registrant will be only 50% after June 1 and no refund after the first regular season game.

PHOTOGRAPHY AND PUBLICITY RELEASE: I do hereby agree to allow my Child's photo to be taken, obtained and used on the South Park Soccer Association website without compensation to me or my Child.

Signature * _____
Parent/Legal Guardian

Name (Print) _____ Date _____

OFFICIAL USE ONLY

Birth certificate copy On File Attached Verified by: _____

Registration Fees:

Player Fee \$ _____

Additional Uniform Fee \$ _____

Other Fee..... \$ _____

TOTAL \$ _____

Payment:

Cash Cash Receipt No. _____ Total \$ _____

Check Check Number _____ Total \$ _____

Received By _____ Date _____

PARENTAL SUPPORT WE ASK FOR ACTIVE PARTICIPATION OF ALL OUR PARENTS IN OUR PROGRAM. CHECK AREA(S) IN WHICH YOU WOULD BE WILLING TO HELP

	Supporter Name	Shirt Size
<input type="checkbox"/> Coach	_____	_____
<input type="checkbox"/> Assistant Coach	_____	_____
<input type="checkbox"/> Referee	_____	_____
<input type="checkbox"/> Team Parent	_____	_____
<input type="checkbox"/> Community Day Committee	_____	_____
<input type="checkbox"/> Newsletter Committee	_____	_____
<input type="checkbox"/> Field Maintenance Committee	_____	_____
<input type="checkbox"/> Refreshment Stand Committee	_____	_____
<input type="checkbox"/> Team Picture Committee	_____	_____
<input type="checkbox"/> Registration Committee	_____	_____
<input type="checkbox"/> Tournament Day Committee	_____	_____
<input type="checkbox"/> Other Committees as needed	_____	_____

Comments: _____
