



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

**Traveling League:** U10 / U11 / U12 / U13 / U14 / U15 / U16 / U17 / U18 / U19 / \_\_\_\_\_

Uniform Sizes: <b>Youth</b>	Uniform Sizes: <b>Adult</b>	<input type="checkbox"/> Playing INHOUSE also <input type="checkbox"/> Playing CLASSIC League; Team Name _____
Jersey: YXS YS YM YL	AS AM AL AXL	
Shorts: YXS YS YM YL	AS AM AL AXL	
Socks: Regular	Regular 8 1/2 - 11 AdultKing 10 - 13	

**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), 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**

Player Pass Picture  
 Player Pass Signature

Birth certificate copy  On File  Attached Verified by: \_\_\_\_\_

**Registration Fees:**

Player 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.

<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Referee <input type="checkbox"/> Refreshment Stand <input type="checkbox"/> _____	Supporter Name _____ _____ _____ _____	Shirt Size _____ _____ _____ _____	Comments: _____ _____ _____
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