

# GIRLS SOCCER LEAGUE

## UPPER ST. CLAIR ATHLETIC ASSOCIATION

### 2008 FALL SOCCER REGISTRATION

PLAYERS MUST BE UPPER ST. CLAIR RESIDENTS

#### PLAYER INFORMATION

(USE INK - PRINT LEGIBLY - ESPECIALLY PHONE NUMBER)

Name \_\_\_\_\_

Address \_\_\_\_\_  
(ZIP)

Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Age on 7/31/08 \_\_\_\_\_

Played for USCAA Soccer Team Last Year? \_\_\_\_\_

If not, have you played for organized soccer? \_\_\_\_\_

Which School In The Fall? \_\_\_\_\_

#### PARENTS

**WE NEED YOUR HELP! PLEASE VOLUNTEER TO COACH TEAMS**

Parent's Name \_\_\_\_\_

Coach  Assistant Coach  Assist As Needed

Previous Experience  Yes  No

A coaches training clinic will be held before season begins. **Note: All coaches must complete PA West Soccer's Online Risk Management Program & KidSafe System Background Check at:**

<http://www.pawest-soccer.org/riskmanagement.html>.

E-mail Address \_\_\_\_\_

**Fee: \$55.00 Per Player**

**Make check payable to USCAA (\$150.00 Family Maximum - 3 or more soccer players)**

Fee includes a \$10.00 per player field usage charge paid to the Township and earmarked for future capital renovations.

#### IMPORTANT INFORMATION

1. **COPY OF BIRTH CERTIFICATE REQUIRE WITH INITIAL REGISTRATION FOR 2008 AND BEYOND.**
2. **LATE REGISTRATION:** PICK UP REGISTRATION FORMS AT LIBRARY OR PARKS & RECREATION OFFICE. CUT-OFF DATE 8-1-08. REGISTRATIONS AFTER THAT DATE MAY BE WAITLISTED.
3. **RETURNED CHECKS:** \$30.00 CHARGE IS IMPOSED ON ALL RETURNED CHECKS
4. **REFUNDS:** ON OR BEFORE 7/1/08 - 100%; AFTER 7/1/08 - 50%; AFTER 8/1/08 - 0%

#### **LEAGUE (CHECK ONE)**

<u>Division</u>	<u>Born Between</u>
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- |                                      |                |
|--------------------------------------|----------------|
| <input type="checkbox"/> Under 6     | 8/1/02-7/31/03 |
| <input type="checkbox"/> Under 8A    | 8/1/01-7/31/02 |
| <input type="checkbox"/> Under 8B    | 8/1/00-7/31/01 |
| <input type="checkbox"/> Under 10A   | 8/1/99-7/31/00 |
| <input type="checkbox"/> Under 10B   | 8/1/98-7/31/99 |
| <input type="checkbox"/> Under 12A   | 8/1/97-7/31/98 |
| <input type="checkbox"/> Under 12B   | 8/1/96-7/31/97 |
| <input type="checkbox"/> Under 14A   | 8/1/95-7/31/96 |
| <input type="checkbox"/> Under 14B   | 8/1/94-7/31/95 |
| <input type="checkbox"/> Under 15/16 | 8/1/92-7/31/94 |

Make checks payable to

**USCAA**

**For Late Registration Mail to:**  
(Include Copy of Birth Certificate)

Bill Littrell  
2579 Corteland Dr.  
Upper St. Clair, PA 15241

USCAA Web Site:  
<http://uscaasports.org>

#### OFFICIAL USE

Paid  Cash  Check (No. \_\_\_\_\_)

Copy of Birth Certificate

Amount \$ \_\_\_\_\_

# From Family \_\_\_\_\_

Accepted \_\_\_\_\_ Date \_\_\_\_\_

Rating \_\_\_\_\_

#### **CERTIFICATION - (Parent Must Sign)**

I, the undersigned parent, assume all financial responsibility for any injuries to my child that occur in connection with athletic events and release USCAA and its agents from all claims. **ALL INFORMATION I PROVIDED IS TRUE. I UNDERSTAND THAT FALSIFICATION OF BIRTHDATE OR OTHER INFORMATION IS CAUSE FOR SANCTION OF ME AND MY CHILD. TRAVELING PLAYERS WILL BE REQUIRED TO PRODUCE AN ORIGINAL BIRTH CERTIFICATE.**

Parent's Signature: \_\_\_\_\_

#### **FOR UNDER 8 AGE GROUP ONLY:**

We will try to pair you with a friend. NO GUARANTEES!

Your name must be on your friend's application or the pairing will not be considered.

Player Name: \_\_\_\_\_