

Players Must be Upper St. Clair Residents



USCAA



UPPER ST. CLAIR ATHLETIC ASSOCIATION

2008 SOFTBALL REGISTRATION

<u>Players</u>	
Name _____	_____
(Last)	(First)
Address _____	
Phone: _____	
E-mail: _____	
School _____	Grade _____
Birth Date ____/____/____ Age on 01/01/08 _____	

<u>Parents</u>
WE NEED YOUR HELP!!! PLEASE mark where You can HELP!!!
Manage a Team _____
(Name)
Assistant Coach _____

LATE REGISTRATION

Registrations will be accepted until **March 1, 2008**
Registrations received after this date may be wait listed based on availability.

<u>FEES</u> (Check One)		
<u>Age</u>	<u>League</u>	<u>Cost*</u>
7-8	Slowpitch	\$ 72.00
U-10	Fastpitch	\$107.00
U-12	Fastpitch	\$122.00
U-15	Fastpitch	\$132.00
U-18	Fastpitch	\$132.00

<p>Checks Payable to:</p> <p>USCAA</p> <p>and Mail to:</p> <p>Therese Raeder 1328 Chartwell Drive Upper St. Clair, PA 15241 Phone: 412.257.0412 or traeder@comcast.net</p>

<u>USCAA OFFICIAL USE</u>
Cash
Check # _____
Rec'd by _____

*Fee includes a \$10.00 charge per player Field User's Fee for Capital Improvements.
Returned Checks: \$25 charge is imposed on all returned checks.

IMPORTANT NOTICE

I understand that the USCAA carries no Medical Insurance coverage and that we, the parents, assume all financial responsibility for any injuries that may occur in connection with athletic events.

**I CERTIFY THAT ALL INFORMATION PROVIDED ABOVE
IS TRUE AND UNDERSTAND THAT FALSIFICATION OF BIRTH DATE OR OTHER INFORMATION IS
CAUSE FOR SANCTION OF ME AND MY CHILD.**

Parent's Signature _____