

# GIRLS SOCCER LEAGUE

## UPPER ST. CLAIR ATHLETIC ASSOCIATION

### 2009 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 7/31/09 \_\_\_\_\_

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: \$60.00 Per Player**

**Make check payable to USCAA (\$160.00 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.**
2. **LATE REGISTRATION:** PICK UP REGISTRATION FORMS AT LIBRARY OR PARKS & RECREATION OFFICE. CUT-OFF DATE 8-1-09. REGISTRATIONS AFTER THAT DATE MAY BE WAITLISTED.
3. **RETURNED CHECKS:** \$30.00 CHARGE IS IMPOSED ON ALL RETURNED CHECKS
4. **REFUNDS:** ON OR BEFORE 7/1/09 – 100%; AFTER 7/1/09 – 50%; AFTER 8/1/09 – 0%

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

<u>Division</u>	<u>Born Between</u>
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- |                                      |                |
|--------------------------------------|----------------|
| <input type="checkbox"/> Under 6     | 8/1/03-7/31/04 |
| <input type="checkbox"/> Under 8A    | 8/1/02-7/31/03 |
| <input type="checkbox"/> Under 8B    | 8/1/01-7/31/02 |
| <input type="checkbox"/> Under 10A   | 8/1/00-7/31/01 |
| <input type="checkbox"/> Under 10B   | 8/1/99-7/31/00 |
| <input type="checkbox"/> Under 12A   | 8/1/98-7/31/99 |
| <input type="checkbox"/> Under 12B   | 8/1/97-7/31/98 |
| <input type="checkbox"/> Under 14A   | 8/1/96-7/31/97 |
| <input type="checkbox"/> Under 14B   | 8/1/95-7/31/96 |
| <input type="checkbox"/> Under 15/16 | 8/1/93-7/31/95 |

Make checks payable to  
**USCAA**  
**For Late Registration Mail to:**  
(Include Copy of Birth Certificate)

USCAA  
P.O. Box 12551  
Pittsburgh, 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.**

I agree to abide by the Upper St. Clair Parent Code of Conduct and inform family members and other guests attending my child's sporting events of its provisions.

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: \_\_\_\_\_

General pictures of soccer games may be used from time to time in the USCAA web page – no personal information will be provided.