

BOYS 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.