



# USCAA

Upper St. Clair Athletic Association  
2010 Football Registration

Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_

Parents' Name: \_\_\_\_\_  
(Mother) (Father)

Parents' E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age on 7/31/010: \_\_\_\_\_

Approximate Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Will you be on vacation during season? If so, give date(s): \_\_\_\_\_

Please list any pre-existing medical conditions (i.e. asthma, allergies): \_\_\_\_\_

\_\_\_\_\_

## Fee: \$115.00 Per Player

### FOOTBALL LEAGUE (Check One)

- 6 – 7 Years Old (must be under 8 on 7/31/10)  
 8 – 9 Years Old (must be under 10 on 7/31/10)  
 10 – 11 Years Old (must be under 12 on 7/31/10)  
 12 Years Old (must be under 13 on 7/31/10)

(EXCEPTION may be made to a player weighing under 115 #s that does not turn 14 prior to December 1, 2010)

- 13 Years Old (must be under 14 on 7/31/10)

(EXCEPTION may be made to a player weighing under 115 #s that does not turn 15 prior to December 1, 2010)

### Experience

Number of years on organized football team: \_\_\_\_\_

Played for USCAA Football Team last year? \_\_\_\_\_

Name of Coach: \_\_\_\_\_

### Positions Played during 2009 Season

Quarter Back  Running Back  Line  Defensive Back

**NO INSURANCE COVERAGE:** Due to increasing cost, we have been forced to eliminate our medical (accidental injury) insurance coverage. I understand that the USCAA carries no medical coverage and that we, the parents, assume all financial responsibility for any injuries to our son/daughter that may occur during athletic events.

**PLEASE NOTE:** There is no guarantee to the amount of playing time. We will play all team members in every game. Your child's playing time will depend on how he deals with practices, attendance, initiative and more important, how he prepares himself both physically and mentally. This is a full contact sport. His coaches will make the final determination.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Place check next to position of interest

Head Coach  
 Previous Experience  Yes  No

Assistant Coach  
 Previous Experience  Yes  No

Director  
 Previous Experience  Yes  No

### LATE REGISTRATION Make Check Payable to USCAA

Application deadline is July 3rd.  
 All Applications received after this date  
 will be placed on a waiting list.

*Mail to: Dave Conn*  
 1675 Hathaway Lane  
 Pittsburgh, PA 15241  
 (412) 708-6050

### OFFICIAL USE

PAID  Cash  Check

Check #: \_\_\_\_\_

Received by: \_\_\_\_\_