



Players Must be Upper St. Clair Residents

USCAA

UPPER ST. CLAIR ATHLETIC ASSOCIATION 2012 SOFTBALL REGISTRATION



Player Information: (Please write clearly)

Name _____
(Last) (First)

Address: _____

Phone: _____

Cell phone: _____

E-Mail (please print clearly!): _____

School: _____ Grade: _____

Birth Date: _____ Age on 01/01/2012 _____

Parents

We need you!! Please consider helping:

Manage a team _____
(Name)

Assistant Coach _____
(Name)

Helper _____
(Name)

Uniforms:

Shirt size:

Youth: S M L

Adult: S M L XL XXL

Shorts size:

Youth: S M L

Adult: S M L XL XXL

Sliding shorts size:

Youth: S M L

Adult: S M L XL XXL

For estimating purposes only. Sizes cannot be guaranteed.

***Make checks payable to:
USCAA***

Mail to:

Kris Price
272 Hays Road
Upper St. Clair, PA 15241
Phone: 724-941-7410
kprice@northwood.com

Check One

(age groups are subject to change based on registrations)

Age	League	Cost*
<u>SLOW PITCH</u>		
____ 8U	Slowpitch	\$ 65.00
____ 10U	Slowpitch	\$100.00
____ 12U	Slowpitch	\$100.00
____ 15U	Slowpitch	\$120.00
____ 18U	Slowpitch	\$120.00

FAST PITCH

____ 10U	Fastpitch	\$100.00
____ 12U	Fastpitch	\$100.00
____ 15U	Fastpitch	\$120.00
____ 18U	Fastpitch	\$120.00

- * \$15 credit for two softball/baseball players
- * \$25 credit for three or more softball/baseball players per family
- * Fee includes a \$10 charge per player Field User's Fee for Capital Improvements
- * Returned Checks: \$25 charge is imposed on all returned checks.

LATE REGISTRATION

Registrations will be accepted until March 1, 2012.

Registrations received after this date will cost an additional \$15 and may be wait-listed based on availability.

Are you interested in attending an 8 week pitching clinic at Streams for \$20? Yes No

Are you interested in attending a free 4-5 week catching clinic at Streams? Yes No

USCAA OFFICIAL USE

Cash Check # _____

Received by: _____

Comments: _____

Note: 1 teammate request per player will be honored as long as the request is made by both players.

Upper St. Clair Athletic Association Parent Code of Conduct

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

As a parent of a youth athlete, I therefore agree:

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I will inform the coach of any disability or ailment that may affect the safety of my child or the safety of others.
3. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
4. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
5. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
6. I will demand that my child treat other players, coaches, officials and spectators with respect.
7. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
8. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
9. I will emphasize skill development and practices and how they benefit my child over winning.
10. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
11. I will respect the officials and their authority during games and refrain from direct and indirect verbal criticisms or threats, threatening gestures, personal confrontation or physical abuse.
12. I will not question, discuss, or confront coaches at the game field or facility, and will take time to speak with coaches at an agreed upon time and place.
13. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
14. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I understand and accept that if I fail to abide by the aforementioned guidelines, I will be subject to disciplinary action that could include, but is not limited to, the following:

- Verbal warning by official, head coach, and/or head of league organization.
- Written warning.
- Parental game suspension with written documentation of incident kept on file by organizations involved.
- Game forfeit through the official or coach.
- Parental suspension from participation in or attendance of programs for season or other specified time period.

I have read and agree to abide by the Upper St. Clair Athletic Association's "PARENT CODE OF CONDUCT."

Parent/Guardian Signature: _____

PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sports and the activities incidental thereto, whether the result of negligence or any other cause.

Name of Child

Date of Birth

Street Address

Town

State

Please list any physical limitation (allergies, hearing, sight, etc.) _____

Parent's Signature

Date