

Check: \$ \_\_\_\_\_  
 Cash: \$ \_\_\_\_\_  
 Total Paid: \$ \_\_\_\_\_  
 Check No.: \_\_\_\_\_

# Shaler Soccer Club

## Fall 2010 Registration

Please Print

**Family Discount**  
**2 Players: \$5.00**

**Maximum per Family**  
**\$145.00**

- Instructions:**
1. Complete form with family and player information
  2. Emergency contact should be someone other than Parents / guardian.
  3. Include important medical info such as asthma, allergies, etc. Write "NONE" if not applicable.
  4. Sign form at bottom and date. Provide Birth Certificate. **Make check payable to Shaler Soccer Club.**
  5. Mail form to: Kim Bove, 220 Richard Drive, Glenshaw, PA 15116

**Fees:** In-House (Micro, U-6, U-7, U-8): \$60      Traveling (U-10 traveling, U-11 to U-19): \$80  
 Inter-Community (U-9, U-10): \$80  
 TOPSoccer: \$10      [ ] Are you a Cup Player

**Age Groups:**

U-19: 8/91 to 7/92	U-14: 8/96 to 7/97	U-9: 8/01 to 7/02
U-18: 8/92 to 7/93	U-13: 8/97 to 7/98	U-8: 8/02 to 7/03
U-17: 8/93 to 7/94	U-12: 8/98 to 7/99	U-7: 8/03 to 7/04
U-16: 8/94 to 7/95	U-11: 8/99 to 7/00	U-6: 8/04 to 7/05
U-15: 8/95 to 7/96	U-10: 8/00 to 7/01	Micro: 8/05 to 7/06

Last Name: \_\_\_\_\_ Parents'/Guardians' Name(s): \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

The best way to contact me is: [ ] Home Phone [ ] Cell Phone [ ] Text Message [ ] E-Mail

<b><u>FIRST NAME</u></b>	<b><u>SEX</u></b>	<b><u>D.O.B.</u></b>	<b><u>MEDICAL NOTES</u></b>	<b><u>UNIFORM: Shirt/Short</u></b>	<b><u>FEE</u></b>
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Sizes: YS - YM - YL / AS - AM - AL

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**\*If you withdraw your child from SSC after July 17, 2010, you will forfeit \$25.00.**

**\*\*No fees will be refunded after completion of the second week of the season.**

Sub Total: \$ \_\_\_\_\_

Minus Family Discount: \$ \_\_\_\_\_

Amount Due (Total or Family Maximum): \$ \_\_\_\_\_

I want to get involved: [ ] Coach      [ ] Clinic      [ ] Picnic Committee      [ ] Fund Raising  
    [ ] Assist. Coach      [ ] Referees      [ ] Club Apparel

Check all the apply: [ ] Registration      [ ] Concession Stand

[ ] TOP Soccer      [ ] Other: \_\_\_\_\_

[ ] Notify me when coaches' clinics are scheduled, so I can attend.

I hereby give my permission for my child/ren to have medical attention in the event that I cannot be contacted.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

25 April 2010