

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

# Shaler Soccer Club

## Spring 2010 Registration

**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

**Age Groups:**

U-19: 8/90 to 7/91	U-14: 8/95 to 7/96	U-9: 8/00 to 7/01
U-18: 8/91 to 7/92	U-13: 8/96 to 7/97	U-8: 8/01 to 7/02
U-17: 8/92 to 7/93	U-12: 8/97 to 7/98	U-7: 8/02 to 7/03
U-16: 8/93 to 7/94	U-11: 8/98 to 7/99	U-6: 8/03 to 7/04
U-15: 8/94 to 7/95	U-10: 8/99 to 7/00	Micro: 8/04 to 7/05

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

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

**\*If you withdraw your child from SSC after Feb 15, 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: \_\_\_\_\_

14 Jan 2010