

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

Shaler Soccer Club

Spring 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: 8/90 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>
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Sizes: YS - YM - YL / AS - AM - AL

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***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: _____