Pleasant Hills Soccer Association Registration-Winter 2004

REGISTRATION FEE: $25.00 if registered prior to 11/10/03 ($15.00 for U6)
$30.00 after 11/10/03 ($20.00 for U6) REGISTRATION
DEADLINE: December 1st

Name:	Birthdate	Sex: M / F
Preferences (coach, practice, weekday, with friend):		

Team Registration (check appropriate box)					
In-House 9-week season 1/10 to 3/6			**TRAVEL Teams**		
	U6 (birthdate 8/1/97-7/31/99)	$15/$20		U10(birthdate 8/1/93-7/31/94)	*
	U8 (birthdate 8/1/95-7/31/97)	$25/$30		U11(birthdate 8/1/92-7/31/93)	*
	U10 (birthdate 8/1/93-7/31/95)	$25/$30		U12(birthdate 8/1/91-7/31/92)	*
	SAGSL (birthdate 8/1/93-7/31/95)	*			

*- see your fall 2003 coach for winter details

Equipment (mark quantity and circle size)				Fee Summary; Administrative purposes only:
	In-House Shirt	$21	YS YM YL AS AM AL AXL	$_____ Equip $_____Cash paid
	Socks	$5	U6 U8/U10	$_____ Reg $_____ Check # _____
	Travel Uniform	$40	Discuss with coach	$_____ Total $_____ Balance Due

Parent/Guardian #1 Name	Parent/Guardian #2 Name
Address	Address
City, State, Zip	City, State, Zip
Email	Email
Daytime Phone Evening phone	Daytime Phone Evening phone

I/We, the parents of the above-named boy/girl, hereby give my/our approval to his/her participation in any and all sponsored activities during the current soccer season. I/We assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the PLEASANT HILLS SOCCER ASSOCIATION and the WEST JEFFERSON HILLS SCHOOL DISTRICT, its sponsors, supervisors, participants, and persons transporting my/our son/daughter. I/we the parents/guardians of the above-named boy/girl confirm that he/she is covered by accident insurance other than through PA WEST. I/We understand that his confirmation is necessary so that the above child may participate in the soccer season indicated above. I/we will furnish a certified birth certificate of the above-named candidate upon request of the PLEASANT HILLS SOCCER ASSOCIATION or league officials.

TRAVEL ONLY: I will furnish a birth certificate and doctor's release for my Child upon request of the PHSA officials. I do hereby assume responsibility for any uniform issued by PHSA to my Child.

PHOTOGRAPHY AND PUBLICITY RELEASE: I/We do hereby agree to allow my Child's photo to be taken, obtained and used on the PHSA website without compensation to me/us or my Child unless indicated otherwise below:

_____ _____
Parent/Guardian Signature and Date Parent/Guardian Signature and Date

As you know, PHSA is an organization run by adults for the benefit of the youth of the community. You are being asked To become a participating parent by indicating your preference to help below:

___ ___Coach _____ Asst Coach _____ Board Position _____ Fundraiser _____ Field Lining

Mail to:
PHSA
PO Box 18301
Pittsburgh, PA 15236

Inquiries to:
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412-655-0273
sharon@pleasanthillssoccer.org

Visit us at: **www.pleasanthillssoccer.org**