**Pleasant Hills Soccer Association Registration–Winter 2005**

**REGISTRATION EVENT: Monday 1/10/05 7:00PM Pleasant Hills Boro Building**

**Winter Soccer: Saturdays beginning Jan 15 thru March 5 at the Pleasant Hills Middle School Gym: U6 kids 12:00 noon to 1:00PM, U10 kids 1:15PM to 2:15PM, U8 kids 2:30PM to 3:30PM**

| Name: | Birthdate | Sex: M / F |
|---|---|---|
| | | |

| Team Registration (check appropriate box) | | | | | |
|---|---|---|---|---|---|
| In-House 8-week season 1/15 to 3/5 | | | | | |
| | U6 (birthdate 8/1/98-7/31/00) | $30 | | | |
| | U8 (birthdate 8/1/96-7/31/98) | $40 | | | |
| | U10 (birthdate 8/1/94-7/31/96) | $40 | | | |

| 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 # _____ |
| | | | | $_____ 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:

Sharon Wardlaw
412-655-0273
sharon@pleasanthillssoccer.org

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