

SOUTH ALLEGHENY YOUTH



www.sayouthsoccer.org

Mail registration and
payment to:
SAYSC
PO Box 324
Glassport, PA 15045

OFFICIAL USE ONLY: NEW/OLD: _____
PAID: CHECK#: _____
CASH: _____
TOTAL: _____

MAKE CHECKS PAYABLE TO: S.A.Y.S.C.
Any fees incurred due to a bounced check will be paid by the club member, not SAYSC.

AGE GROUP: _____

IN - HOUSE/TRAVEL REGISTRATION FORM

PLAYER INFORMATION SEASON: Fall YEAR: 2009

NAME: _____ SEX: __M__F__
Last First MI

ADDRESS: _____
Street City State Zip

PHONE: () _____ BIRTHDATE: ____/____/____ YEARS PLAYED SOCCER: _____

SCHOOL GRADE: _____ LIST ANY MEDICAL PROBLEMS: _____

PRESENT AGE: _____

CONTACT INFORMATION

FATHER: _____ PHONE: __ () _____

MOTHER: _____ PHONE: __ () _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: __ () _____

SAYSC is a volunteer organization. All activities are accomplished through the dedicated support of committed parents and friends. Your support is greatly appreciated.

WHAT AREAS WOULD YOU LIKE TO VOLUNTEER FOR?

- COACH
- ASST. COACH
- FIELD PREPERATION
- CONCESSION STANDS
- FUNDRAISING
- POSITION ON THE BOARD

\$45.00 * \$40.00 → IN-HOUSE PLAYERS: U4 / U6 / U8 / U10 SHIRT SIZE: YS-----YM-----YL
\$70 → TRAVEL PLAYERS: U12 / U14 / U16 / U17 AS-----AM-----AL

*IN-HOUSE Fee: For a family of 2 or more children, the first child's registration is \$45 all others will then be \$40 each.

IN-HOUSE Players will provide their own Black Shorts, Shin Guards, and Black Socks



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IN – HOUSE / TRAVEL REGISTRATION FORM

RELEASE:

I/We the parents/guardians of the above named candidate for a position on a soccer team in South Allegheny Youth Soccer Club, hereby give our approval to his/her participation in any and all activities during the season. I/We assume all risks and hazards incidental to such participation including the transportation to and from these activities; and do hereby waive, release, absolve, indemnity, and agree to hold harmless the SOUTH ALLEGHENY YOUTH SOCCER CLUB, the organization, sponsors, supervisors, participants, and any persons transporting our child, except to the amount covered by accident or liability insurance.

A household is responsible for all debts incurred by their children during the season (i.e. fundraisers, fees, etc.) Any account balance from the previous season must be satisfied prior to current registration.

I/WE also agree to return any property issued by S.A.Y.S.C. This property will be returned at the end of the season and will be in good working order, as issued.

I/WE UNDERSTAND that if this property is not returned, S.A.Y.S.C. will make every effort under the law to collect these items or money due.

I/we understand that S.A.Y.S.C. will only carry secondary accident insurance covering this activity.

PHOTOGRAPHY AND PUBLICITY RELEASE: I do hereby agree to allow my Child’s photo to be taken, obtained, and used by South Allegheny Youth Soccer Club website without compensation to me or my child.

SIGNATURE: x _____

NAME (PRINT) _____ DATE: _____

I/We have read the “CODE OF ETHICS” and “THE RULES” and hereby pledge my support of these rules.

SIGNATURE: _____ SIGNATURE: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT: As the parent or guardian of named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

SIGNATURE: _____ DATE: _____

REQUIREMENT TO WORK CONCESSIONS:

Each parent is required to work concessions for at least one 1/2 hour (30 minutes) shift during their game per season. If you are the home team, you will work the first half hour. If you are the visitor, you will work the second half hour.

SIGNATURE: _____ DATE: _____

THANK YOU FOR SUPPORTING SOUTH ALLEGHENY YOUTH SOCCER CLUB SPONSORS

FALL 2009 TRAVEL UNIFORM SIZE SHEET
(ALLOW FOR GROWTH: UNIFORM FOR AT LEAST 2 SEASONS)

*****PLAYER NAME:** _____

*****Please check:**

- ___ U17 GIRLS
- ___ U16 BOYS
- ___ U16 GIRLS
- ___ U14 BOYS
- ___ U14 GIRLS
- ___ U12 BOYS
- ___ U12 GIRLS
- ___ U10 CO/ED

*****NAME ON BACK OF SHIRT (print clearly):** _____

*****NUMBER ON BACK OF SHIRT:** _____

**will try to accommodate number request*

*****SHIRT SIZE (please circle)**

YS YM YL YXL AS AM AL AXL AXXL

SHORTS SIZE (please circle)

YS YM YL YXL AS AM AL AXL AXXL