



STEEL VALLEY

SOCCER CLUB

FALL 2010 REGISTRATION FORM

Sat., May 15 (10 a.m. - 3 p.m. at St. Therese Field)
Thu., May 20 (6:30 p.m. – 8:30 p.m. at W. Homestead Boro Bldg.)
Sat., June 5 (11 a.m. – 2 p.m. at W. Homestead Boro Bldg.)

Fees: In-House \$35.00
Travel \$45.00
Late Fee (after 6/5) \$10.00

**CHILDREN MUST BE BORN BEFORE AUGUST 1, 2006 TO PLAY—NO EXCEPTIONS.
NO MAIL-IN REGISTRATIONS. YOU MUST REGISTER IN PERSON. ONLY ONE CHILD PER FORM.**

Player Name (Last, First, M.I.): _____ Parent(s) First Name(s): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ - _____ - _____ Email: _____ Previous Soccer Experience: _____

Gender (M/F): _____ Birthday (mm/dd/yy): _____ Notes & Coach/Team Preference: _____

(I)nhouse, (T)ravel, (B)oth: _____ Last 6 Digits of Social Security No. (Travel Only): _____

Health/Other Issues to be Discussed with Coach: _____

**SVSC IS AN ALL-VOLUNTEER ORGANIZATION. PLEASE VOLUNTEER YOUR TIME AND TALENTS:
(check areas of interest):**

Head Coach _____
Assistant Coach _____
Team Manager _____

Referee _____
Concessions _____
Fundraising _____

Field Work _____
Sponsorship _____
Other (specify) _____

I, the parent or legal guardian of the registrant, agree that I and the registrant will abide by the rules of the US Youth Soccer Association (USYSA), PA West Soccer Association (PA West), Steel Valley Soccer Club (SVSC), and their affiliated organizations and sponsors (collectively, the Releasees). Recognizing the possibility of physical injury associated with soccer programs and in consideration for the Releasees accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the Releasees (including their employees, directors, officers, volunteers and associated personnel, and also including the owners of the fields and facilities utilized), and the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I give my permission to SVSC to use the registrant's image, likeness or name on the SVSC website and other media for the purpose of promoting the Programs. I declare that: I have read and understood this registration form; the health information is correct so far as I know; and the player identified above has permission to engage in all prescribed activities. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature: _____ Date: _____

Additional Registration Information:
Each additional child after two pays ½ lesser amount.
Uniform and equipment costs are additional.
Refund policy at www.steelvalleysoccer.org.

Club Use Only
Date: _____ Amt. Paid: _____
Cash: _____ or Check #: _____
Rec. By: _____ Age Group: _____

**Additional information and terms of registration are set forth at www.steelvalleysoccer.org.
Questions should be directed to Registrar Stacy Drane (412-462-2591).**