



**STEEL VALLEY**

**SOCCER CLUB**

**SPRING 2010 REGISTRATION FORM**

Saturday, January 9 (11 a.m. - 2 p.m.)  
Thursday, January 14 (6 p.m. - 8p.m.)  
Sunday, January 17 (11 a.m. - 2 p.m.)

Fees: In-House \$35.00  
Travel \$45.00  
Late Fee (after 1/17) \$10.00

**REGISTRATION WILL BE HELD AT THE WEST HOMESTEAD BORO BUILDING.  
CHILDREN MUST BE BORN BEFORE AUGUST 1, 2005 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](http://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](http://www.steelvalleysoccer.org).  
Questions should be directed to Registrar Stacy Drane (412-462-2591).**

**WOULD YOU BE INTERESTED IN A WEEK-LONG SUMMER SOCCER CAMP (FOR ~\$100) IN MUNHALL?  
YES \_\_\_\_\_ NO \_\_\_\_\_**