

NEW THIS YEAR: FALL 2010 TRAVEL for U10 and U12 age groups

SAYSA is sending you this application to register the indicated player for the upcoming Fall 2010 travel soccer session. The information is based on your most recent registration. If any information is incorrect, or has changed, please draw a line through the incorrect information and write the corrected data beside the printed information. After you have reviewed and corrected the information/filled in blanks, sign the consent, indicate which age group is preferred, order a jersey if needed, and return the form with the appropriate payment. To register a new player, please print a form from our club website, or pick one up from Hermitage Agway. If you have already mailed an application, discard this form. *Please note* all players must have a Birth Certificate, photo on file and a Player # which is the last 6 digits of the Social Security #.

PLAYER ID # Last 6 digits of SS#	BIRTH DATE	PLAYER YEAR	GENDER	EMAIL
HOME PHONE		CELL/WORK PHONE		ALTERNATE/EMERGENCY CONTACT
GUARDIAN NAME & ADDRESS			PLAYER'S FULL NAME & ADDRESS	
IMPORTANT INFORMATION			BIRTH CERTIFICATE ON FILE	SCHOOL ATTENDING
ALL PLAYERS <u>must</u> have a birth certificate copy on file with the club. Your status is shown in the box to the right.				

Please sign the consents

GUARDIAN'S CONSENT

I understand that soccer is a contact sport that can result in serious or fatal injuries. I attest that I am a legal guardian of (player's full name) _____, and give permission for her/him to participate in practices, competitions and other activities sanctioned by SAYSA {the club}, or its Shenango Valley United or Shenango Valley Soccer divisions. I agree to hold the coaches, the club, its members, directors, and property owners harmless for any injury, should they occur. Our family will contribute up to one hour of volunteer time this session if asked to do so by the club, and participate in one fund raising activity authorized by the board of directors.

Guardian's signature: _____ Date: _____

I give permission to Shenango Area Youth Soccer Association to photograph my son/daughter _____ for the purpose of promoting the Association via their web site: www.shenangovalleysoccer.com. If in the future I change my mind, I will present in writing the withdrawal of my permission.

Guardian's signature: _____ Date: _____

Please print name of person signing these consents: _____

Please circle which program and age group you are applying for.

Birthdays for age groups are listed on the club web and www.pawest-soccer.org

Shenango Valley Soccer TRAVEL division		
Age Groups (Circle one)	PA West Guidelines for Ages	
U10	08/01/2000 – 07/31/2002	
U12	08/01/1998 – 07/31/2000	
application due by: August 1, 2010	first practice week of _____	You will be contacted by your coach.

Please complete this worktable to calculate your player's fees.

	PROGRAM FEE	JERSEY FEE	MY TOTAL
TRAVEL PROGRAM	\$72.00		\$
Travel Jersey	Sizes (please circle) YS, YM, YL, AS, AM, AL, AXL	\$20.00 each	\$

Payment: by check or money order only, payable to SAYSA **amount enclosed:** \$ _____

REMINDER: We need an updated photo with registration and if an "N" is in the "Birth certificate on file" box, you must provide one. Both items are needed for your child to be allowed as part of the team.

*******Please write the player's name on the lower left corner of the check*******

MAIL COMPLETED APPLICATION & PAYMENT TO: SAYSA REGISTRAR; P.O. Box 235, West Middlesex, PA 16159

You will be notified by mail within 2 weeks of when your application is received.

For registrar's use: date received _____ check #: _____ amount _____

REFUND POLICY for Travel: If you decide to withdraw your player before the season starts, you will be refunded your fee paid minus \$5.00 processing fee until 08/12/10. After this date a refund of your fee minus \$18.50 (PAWest Fee and Processing Fee). There will be no refunds issued after the first practice. If you have questions, or concerns, please call the number listed at the top of this registration.