Individual Player Registration Form

By completing this form and submitting it with a registration fee of **$23.00** a player can register as a member in good standing with PA West Soccer Association. The completed registration will entitle the member to the same benefits afforded those registered as a member of a team or club.

NAME (print) ____________________________________________

ADDRESS _____________________________________________

CITY ______________________ STATE _______ ZIP ____________

PHONE ___________________ DATE OF BIRTH __________________ GENDER _________

MOTHER’S NAME _______________________________ DAY PHONE ________________

FATHER’S NAME _______________________________ DAY PHONE ________________

ADDRESS (if different than registrant’s) ___________________________________________

CITY ______________________ STATE _______ ZIP CODE __________________

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the US Youth Soccer Association, PA West Soccer Association, and all affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for PA West Soccer and US Youth soccer accepting the registrant for its soccer programs and activities (the Program), I hereby release, discharge and/or otherwise indemnify PA West Soccer and US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for 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.

Parent/Legal Guardian Name (print) ____________________________________________

Parent/Legal Guardian Signature ____________________________________________ Date __________________

Player Name (print) _______________________________________________________

Player Signature _________________________________________________________ Date __________________

Send Check (payable to PA West Soccer) along with copy of proof of age to:

**PA West Soccer**

111 Whitehead Lane, Suite 200

Monroeville, PA 15146

Office Use: Fee: _____________ Cash: _______ Check #: __________ ID #: ________________________________