Player Information: Player's Name:			Sex:	Telep	ohone:		
Date of Birth:		Birth Certificate:		irst time only)		SS#: (Last 6 digits only)	
Address:		City:				_ Zip:	
Uniform Size:YS _ Current Information: Coach:							
Parent Contact:				Telephor	ne:		
Work Phone:	Cell:	Emai	Email Address:				
Emergency Contact:		Tele	_ Telephone:				
List any allergies, medicati Volunteer Information: Coach* Asst. Co *U-6, U-8 and U-10 coaches and September 30, 2008, at no cost registration fee. Failure to con We the undersigned parent/guard of soccer. We do further agree f all risks attendant to travel and p PA West liable for any claims in I hereby release Monroeville So	bach O re required to comp to you. Successful nplete the class will dian of a MSC playe for, and on behalf of playing soccer and the volved in soccer.	Other Dete a PA West completion of the l result in loss of er, do hereby agree , our child and for the will not ho	sponsored the class wil f your coac ee that he/sh or ourselves, old Monroev	age appropi Il result in a hing assignr e may partic individually ille Soccer C	iate, or hi refund of nent. ipate fully and severa Club, their o	gher, coaching license by your child's player in the practice and game illy, that we will assume coaching staff, referees or	
Parent/Guardian Signature:			Date:				
_							
Charlesanar		Additional H Additional H				n-house Fees: U6 – U10 - \$65.00 Single Season - \$55. Add'1 Child - \$10.00 c ravel Season Fees: U10-U14 - \$95.00	
						Single Season - \$80.0 U10/Travel - \$105.	

\$25.00 for all returned checks \$10.00 late fee after June 30, 2008 (currently registered players)

5.00 disc.)0 .00 5.00 Add'l Child - \$10.00 disc.

Fund Raising Fee - \$15.00