



ST. MARYS AREA SOCCER ASSOCIATION

P.O. BOX 246 - ST. MARYS, PA 15857
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F A L L 2 0 1 0 S E A S O N R E G I S T R A T I O N

Registrations Must Be Mailed With Check Or Money Order To: P.O. Box 246, St. Marys, PA 15857

Registration Will Be Conducted At The St. Mary Public Library

July 22, 2010 5:00pm – 7:00pm & July 24, 2010 10:00 am - 12:00 pm

DEADLINE FOR REGISTRATIONS: July 31, 2010

IMPORTANT LATE REGISTRATION INFORMATION ON BACK!!!

Child's Name: _____ DOB: _____ Boy Girl
Parent's Name: _____ Phone(s): _____
Street: _____ City: _____ ZIP: _____
Email: _____

<u>Game Jersey:</u> \$15	Select Size: _____
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Registration Fees	1 st Child: \$25 2 nd Child: \$21 3 rd + Child: \$18	\$
Game Jersey	<i>Game Jersey Must Be Ordered At The Time of Registration.</i>	\$
Total		\$

Age Group Birthday Ranges. Child's birthday must fall within these dates to play:

U-6: 8/1/04 – 7/31/06

U-12: 8/1/98 – 7/31/00

U-8: 8/1/02 – 7/31/04

U-15: 8/1/95 – 7/31/98

U-10: 8/1/00 – 7/31/02

SAFETY RULES: NO PIERCINGS OR JEWELRY ARE ALLOWED DURING PRACTICES OR GAMES. SHIN GUARDS MUST BE WORN AT ALL TIMES.

Check here if you would like your child to play on an all girls' team if available.

**If your child has a disability, please list any needs he / she may have:

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY), ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD OR CHILDREN MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DISGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

- - - IMPORTANT INFORMATION CONTINUES ON BACK - - -

MINOR PHOTO RELEASE FORM

THE ST. MARYS AREA SOCCER ASSOCIATION HAS INSTITUTED A WEBSITE, SMSOCCER.NET. FROM TIME TO TIME WE WOULD LIKE TO POST PICTURES OF THE CHILDREN AND THEIR ACTIVITIES. WE REQUIRE YOUR PARENTAL PERMISSION TO DO THIS.

I GIVE THE ST. MARYS SOCCER ASSOCIATION PERMISSION TO PUBLISH IN PRINT, ELECTRONIC, OR VIDEO FORMAT THE LIKENESS OR IMAGE OF MY CHILD. I RELEASE ALL CLAIMS AGAINST THE ST. MARYS SOCCER ASSOCIATION WITH RESPECT TO COPYRIGHT OWNERSHIP AND PUBLICATION INCLUDING ANY CLAIM FOR COMPENSATION RELATED TO USE OF THE MATERIALS.

PARENT'S SIGNATURE: _____

PARENT PARTICIPATION: PLEASE SIGN-UP TO HELP (CHECK AREA(S) OF INTEREST)

REFEREE TEAM PARENT FUNDRAISING FIELD MAINTANENCE CONCESSIONS

IF YOU WOULD LIKE TO COACH, PLEASE FILL OUT BELOW:

Head Coach

Assistant Coach

Name:

Team Name:

Address:

Phone(s):

List Your Children To Be on Your Team:

If Assistant Coaching, With What Head Coach?

COACH'S T-SHIRT: If you do not have a coach's t-shirt, please provide size:

IMPORTANT LATE REGISTRATION INFORMATION !!!

Players whose registrations are postmarked or received after the registration deadline are **NOT GUARANTEED A SPOT ON A TEAM !!!**

Late registrations will be placed upon a waiting list for their age group. A maximum team size will be established and waiting list registrants will be drawn to teams as available. Waiting list registrants not assigned to a team will receive a full refund of registration and jersey fees.

Fall 2010 Season Tentative Dates

Selection of Teams: August 2, 2010

First Day of Practices: August 23, 2010

Coaches' Meeting: August 9, 2010

First Weekend of Games: September 11, 2010

Coaches will contact team members following the season's coaches' meeting, usually about a week before practice starts.