



111 Whitehead Lane Suite 200 Monroeville, PA 15146
www.pawest-soccer.org

(412) 856-8011 FAX (412) 412-856-8012
stateoffice@pawest-soccer.org

Individual Player Registration Form

By completing this form and submitting it with a registration fee of \$20.00 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, it's 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 #: _____