

**CITY OF GREENSBURG RECREATION DEPARTMENT
520 NEW ALEXANDRIA ROAD, GREENSBURG, PA 15601
724-834-4880 FAX: 724-834-4895**



REGISTRATION FORM FOR SPRING 2010 IN-HOUSE SOCCER

WEB SITE: www.city.greensburg.pa.us Email: rec@greensburgpa.org

FOR: Boys and Girls 4-9 years old Under 6 (4-5), Under 8 (6-7), Under 10 (8-9)	REGISTRATION DATES: February 8 through March 5, 2010. Register by mail or in person at Recreation Office Mon. thru Fri. 8:00 am to 4:00 pm. (Checks payable to City of Greensburg)
FEE: \$40.00 - Child DOES NOT NEED uniform. \$50.00 - Child NEEDS uniform. Note: The same uniform is used for all ages both the fall and spring season.	<u>Late sign ups will be accepted only if a team's minimum player roster has not been met.</u>
PLEASE NOTE: COPY OF BIRTH CERTIFICATE NEEDED WITH REGISTRATION FORM. If returning player and BC is on file, it is not necessary to bring in another copy.	SEASON: PRACTICES BEGIN IN MARCH. Practices U-6 - Wed. & Sat. U-8 - Tues. & Sat., U-10 - Mon./Thurs. & Sat. Coaches will call. Practice times discretion of coaches. Games tentatively begin after Easter. No games on May 29. Saturday Game Times: U-6 – 12:30 pm, U-8 - 11:00 am, U-10 - 9:30 am.
Shin guards and socks (preferably dark green) are required. Combination sock-shin guards must still have a sock cover. Socks can be purchased at Dominic's Sporting Goods, Dick's, Wal-Mart, etc. Shoes may be either tennis shoes or soccer spikes. Baseball spikes or metal cleats are not allowed.	Coaches returning for the spring season, please notify John Lynch at 724-836-8658 or email at jklynch127@msn.com . **Parent Coaches are always needed in every age group. Act 33 & 34 Clearances are required.

2010 SPRING IN-HOUSE SOCCER REGISTRATION FORM

Registration is February 8 to March 5, 2010

Participant's Name _____ **BIRTHDATE** _____ **SEX** _____

(Always use proper name for computer purposes)

Address _____ **City** _____ **Zip** _____

U-10: Check here if you would be willing to travel to a neighboring team during season _____

Home Phone _____ **Age on 7/31/09** _____ **AGE GROUPS** *Please check appropriate age:

Uniform Size (Circle) _____ ***IF BD IS 08-01-03 TO 07-31-05** _____ **UNDER 6**

Shirts: Y-S, Y-M, Y-L, A-S, A-M, A-L, _____ ***IF BD IS 08-01-01 TO 07-31-03** _____ **UNDER 8**

Shorts: Y-S, Y-M, Y-L, A-S, A-M _____ ***IF BD IS 08-01-99 TO 07-31-01** _____ **UNDER 10**

Release of Liability

The undersigned parent or guardian of the child who is an applicant herein for participating in the spring in-house soccer program administered by the Greensburg Recreation Department, herewith releases said Greensburg Recreation and those acting for it from any and all liability whatsoever for any and all injuries sustained by said child while said child is participating in any phase of the spring in-house soccer program.

PARENT OR GUARDIAN SIGNATURE _____

PLEASE PRINT SIGNATURE _____

E-mail: (Optional) _____

Cell phone#: Optional _____

E-mail: (Optional)_____

Cell phone#: Optional _____