

**CITY OF GREENSBURG RECREATION DEPARTMENT**  
**520 NEW ALEXANDRIA ROAD, GREENSBURG, PA 15601**  
**724-834-4880 FAX: 724-834-4895**  
**REGISTRATION FORM FOR SPRING 2010 TRAVELING SOCCER**  
 WEB SITE: [www.city.greensburg.pa.us](http://www.city.greensburg.pa.us) email: [rec@greensburgpa.org](mailto:rec@greensburgpa.org)

Needed to register: 1 x 1 photo Copy of Birth Cert. if not on file \$70 fee – Check, Cash or Credit Card Registration Form Registration will not be accepted without all items (Player need not be present)
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U-10 U-12 U-14 U-19 Boys and Girls	<b>FEE:</b> \$70.00 Register at the Recreation Office at the Kirk S. Nevin Arena or send through the mail. Check payable to City of Greensburg.
<b>REGISTRATION DATES:</b> Now through February 5, 2010	<b>NOTE:</b> Uniform is used for both fall and spring seasons. ( Shirts & socks)
**** Players that were rostered in the fall only need the form completed and the \$70 fee. New Spring Players need: 1 x 1 photo, Copy of Birth Certificate, Registration form and fee. Send by mail or register at Recreation Office. Player need not be present. Cards will be signed at first practice.	<b>SEASON:</b> Sunday afternoon games -- Games begin April (Schedule TBA) Practices at the discretion of the coaches. John Lynch (Coordinator) email: kjl127@msn.com
<b>GREENSBURG SALEM STUDENTS HAVE PREFERENCE</b>	No late sign ups unless roster is not full.

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**2010 SPRING TRAVELING SOCCER REGISTRATION FORM**  
**Make Check Payable to City of Greensburg**  
**Register by February 5, 2010 (No Late Sign Ups unless roster is not full)**

**Participant's Name:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell # (optional):** \_\_\_\_\_ **Age on 7/31/09** \_\_\_\_\_

<b>Uniform Size (Circle)</b>	<b>IF BD IS 8-01-99 TO 07-31-01</b> _____ <b>UNDER 10</b>
<b>Shirts: Y-L (14-16) AS (34-36) AM (38-40)</b>	<b>IF BD is 08-01-97 TO 07-31-99</b> _____ <b>UNDER 12</b>
	<b>IF BD is 08-01-95 TO 07-31-97</b> _____ <b>UNDER 14</b>
<b>AL (42-44) AXL (46-48)</b>	<b>IF BD is 08-01-93 TO 07-31-95</b> _____ <b>UNDER 16</b>
	<b>IF BD is 08-01-90 TO 07-31-93</b> _____ <b>UNDER 19</b>

**Release of Liability**  
 The undersigned parent or guardian of the child who is an applicant herein for participating in the spring traveling 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 traveling soccer program.

\_\_\_\_\_ **PARENT OR GUARDIAN SIGNATURE**
\_\_\_\_\_ **PLEASE PRINT SIGNATURE**