

Greensburg Recreation Department would like to thank  
Star Chevrolet for donating equipment to our soccer program.



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

**REGISTRATION FORM FOR FALL 2010 IN-HOUSE SOCCER**

WEB SITE: [www.city.greensburg.pa.us](http://www.city.greensburg.pa.us) Email: [rec@greensburgpa.org](mailto:rec@greensburgpa.org)

<b>FOR:</b> Boys and Girls 4-9 years old Under 6 (4-5), Under 8 (6-7), Under 10 (8-9) Age as of 7/31/10	<b>REGISTRATION DATES:</b> AUGUST 2 TO AUGUST 13, 2010 Register by mail or in person at Recreation Office Mon. thru Fri. 8:00 a.m. to 4:00 p.m. (Checks payable to City of Greensburg)
<b>FEE:</b> \$40.00 - Child <b>DOES NOT NEED</b> uniform \$50.00 - Child <b>NEEDS</b> uniform <b>NOTE:</b> The same uniform is used for all ages both the fall and spring seasons.	<u>Late sign ups will be accepted only if a team's minimum player roster has not been met.</u>
<b>PLEASE NOTE: COPY OF BIRTH CERTIFICATE NEEDED WITH REGISTRATION FORM.</b> If returning player and BC is on file, it is not necessary to bring in another copy.	<b>SEASON: Practices begin after Labor Day</b> Practices U-6 - Wed. & Sat.; U-8-Tues. & Sat.; U-10 -Mon./Thurs/Sat. <b>Coaches will call to verify days and time. Games will be Saturdays beginning 9/11/10 and end 10/30/10.</b> <b>Saturday Game Times: U-6 – 12:30 pm, U-8 – 11:00 am, U-10 – 9:30 am</b>
<b>Shin guards and socks (preferably dark green) are required.</b> 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 spikes. Baseball spikes or metal cleats are not allowed.	Coaches returning for the fall season, please notify the Recreation Office or John Lynch at 724-836-8658 or Email at <a href="mailto:jklynch127@msn.com">jklynch127@msn.com</a> . ***Parent Coaches are always needed in every age group. Act 33 & 34 Clearances are required.

**2010 FALL IN-HOUSE SOCCER REGISTRATION FORM**  
**Registration Deadline is AUGUST 13, 2010.**

**Participant's Name** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **SEX** \_\_\_\_\_  
(Always use proper name for computer purposes)  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Age on 7/31/10** \_\_\_\_\_ **AGE GROUPS \*Please check appropriate age:**  
**Uniform Size (Circle)** \_\_\_\_\_ **\*IF BD IS 08-01-04 TO 07-31-06 \_\_\_\_\_ UNDER 6**  
**Shirts: Y-S, Y-M, Y-L, A-S, A-M, A-L** \_\_\_\_\_ **\*IF BD IS 08-01-02 TO 07-31-04 \_\_\_\_\_ UNDER 8**  
**Shorts: Y-S, Y-M, Y-L, A-S, A-M** \_\_\_\_\_ **\*IF BD IS 08-01-00 TO 07-31-02 \_\_\_\_\_ UNDER 10**

**Release of Liability**

The undersigned parent or guardian of the child who is an applicant herein for participating in the fall 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 fall in-house soccer program.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE  
E-mail: (Optional) \_\_\_\_\_

\_\_\_\_\_  
PLEASE PRINT PARENT OR GUARDIAN NAME  
Cell phone#: (Optional) \_\_\_\_\_