



**Area Soccer Association**

*Catch the Fever!*



Grades K - 12  
(Must have been over 5 years old by September 1, 2009)

PLAYER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 GRADE \_\_\_\_\_ AGE AS OF 9/1/09 \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ Your email address will only be used for soccer updates.

TOWNSHIP/BOROUGH: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

TOWNSHIP/BOROUGH:	REGISTRATION FEE:	ADDITIONAL SIBLING (\$)
_____ GREENVILLE BORO	\$30.00	\$15.00
_____ NON-BORO	\$50.00	\$25.00

**SHIRT SIZE:**  
 \_\_\_\_\_ YOUTH SMALL (6-8)      \_\_\_\_\_ YOUTH MEDIUM (10-12)      \_\_\_\_\_ YOUTH LARGE (14-16)  
 \_\_\_\_\_ ADULT MEDIUM      \_\_\_\_\_ ADULT LARGE      \_\_\_\_\_ ADULT X LARGE  
 \_\_\_\_\_ ADULT XXL

**NO SPECIAL REQUESTS WILL BE HONORED!**

Please list the names of brothers or sisters registering for soccer.

NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
 NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
 NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**PARENTS** - We need your help to coach. If you are willing to help, please write your name below.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

**WAIVER OF LIABILITY**

CHILD'S NAME \_\_\_\_\_

I, the undersigned, being parent or legal guardian, do hereby consent to my son/daughter playing in the Greenville Area Soccer Association league and am fully aware of the risks involved by playing the sport of soccer. Being fully aware of these risks, I am willing to personally assume these risks and hold harmless the Greenville Area Soccer Association, Greenville Area Leisure Services Association, Greenville Area School District, Borough of Greenville, and all officers, other players, managers, directors, coaches and employees of each for any and all injuries which may be sustained as a result of participation in this league.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian      Relationship to Player      Date

\_\_\_\_\_ # OF CHILDREN REGISTERED      APPLICATION TAKEN BY \_\_\_\_\_  
 \_\_\_\_\_ \$10 LATE FEE (After Registration Dates)      DATE REGISTERED \_\_\_\_\_  
 \_\_\_\_\_ TOTAL RECEIVED      CASH \_\_\_\_\_ CHECK # \_\_\_\_\_