



# WEST ALLEGHENY YOUTH SOCCER ASSOCIATION

www.westasoccer.com



## Player Registration Form

Mail To: P.O. Box 540  
Imperial, PA 15126

Player Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Sex: male \_\_\_\_\_ female \_\_\_\_\_ # of Years Playing Soccer \_\_\_\_\_

U11 and above Travel Team ONLY:  copy of Birth Certificate  small Photo

### FEES

The registration fee is per **playing season**. (Fall and Spring being the only two playing sessions.) Each session will consist of between 8-10 games plus, at least 1 practice per week. All fees are non-refundable.

#### IN HOUSE (U5-U10)

FIRST CHILD: \$45.00

SECOND CHILD and each additional: \$40.00

GAME JERSEY(In-house players only):\$25.00\*

(\*All first time players will need a jersey or returning players ordering a replacement)

**AFTER EARLY REGISTRATION DEADLINE A LATE FEE OF \$10.00 will be accessed.**

#### TRAVEL (U11 and above)

FIRST CHILD: \$50.00

SECOND CHILD: \$45.00

JERSEY SIZE: Youth: \_\_\_\_\_ Medium \_\_\_\_\_ Large

Adult: \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large

### CONSENT AND WAIVER

I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of West Allegheny Youth Soccer Association (WAYSAs), permitting my child to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge WAYSAs, it's Board of Directors, coaches, referees and other such volunteers as are connected with WAYSAs in any capacity, for any and all damages, claims, and/or liabilities arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to play soccer in the WAYSAs program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by a physician, nurse or paramedic. A copy of this authorization shall be effective as the original.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### VOLUNTEERS

(Soccer Experience is NOT Necessary)

Coach  Assistant Coach  General Volunteering (Registration, Picnic, etc.)

Name of volunteer: \_\_\_\_\_

TOTAL RECEIVED: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ CASH Age Group \_\_\_\_\_

(WAYS IN-HOUSE PLAYERS MUST COMPLETE & RETURN WITH REGISTRATION)

**YOUTHTOWNE ATHLETICS – West Allegheny Spring/Fall Soccer**  
Participant Permission and Release Form

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Player's Last Name) (First Name) (MI)  
\_\_\_\_\_  
(Street Address) Male / Female  
(Circle one)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip Code)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date of Birth) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Parent Telephone #)  
\_\_\_\_\_  
(Team Name) (Coach's Name) (Coach's phone)

**PERMISSION AND PERMISSION TO TREAT**

I/We, the undersigned Parent(s) or Guardian(s) of (print name of child on the following line) \_\_\_\_\_ do hereby give permission for my/our child to practice and play soccer at the Youthtowne fields located on Youthtowne Drive in Clinton, PA 15026. We also give permission for the individual(s) acting as guardian and in the best interest of my/our child, to treat my/our child, or to find treatment for my/our child, if medical attention is needed.

\_\_\_\_\_  
(Date) (Signature of Mother/Father/Guardian)

**HOLD HARMLESS AND INDEMNIFICATION**

In consideration of the agreement of The Maronda Foundation to allow my child to participate in soccer at Youthtowne, and INTENDING TO BE LEGALLY BOUND HEREBY, I agree to indemnify and hold harmless THE MARONDA FOUNDATION, and its employees and legal representatives, against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of injury (including death) to my child as a result of, or in any way related to his/her participation in this activity.

I/WE agree that in case of injury to our/my child, I/We will apply our hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to The Maronda Foundation, or to its employees and legal representatives for the payment of any medical costs or injury related costs.

Furthermore, we have read and agree to follow the paper entitled "***Rules and Regulations for Groups Using Youthtowne Athletic Fields.***"

IN WITNESS WHEREOF, I/WE execute this Hold Harmless and Indemnification Agreement this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature of Mother/Father/Guardian)