



OLD ALLEGHENY SOCCER REGISTRATION

2009 FALL



| Last Name | First Name | Date of Birth | Sex | T-shirt Size | Last 6 digits Soc. Security # | (mark x for travel, city) |
|-----------|------------|---------------|-----|--------------|-------------------------------|---------------------------|
| _____ | _____ | __/__/__ | ___ | _____ | _____ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ | _____ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ | _____ | _____ |
| _____ | _____ | __/__/__ | ___ | _____ | _____ | _____ |

E-mail: _____

Address _____ City _____ State PA Zip _____

Home Phone _____ Mobile Phone _____ Emergency Phone _____

Father's Name _____ Mother's Name _____ Guardian's Name _____

Emergency Contact: Name _____ Relation _____

Waiver, Release, and Permission

I/We, the parents/guardians of the above named applicant for OAS Soccer, hereby give my/our approval to his/her participation in any and all OAS activities. I/We do assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless OAS Soccer, the Perry Athletic Assoc., its organizers, sponsors supervisors, participants and persons transporting my/our child, except to the extent and in the amount covered by accident or liability insurance, for the present year and all subsequent years he/she participates.

Parent(s) or Guardian(s) Signature _____ Date _____

(Your signature makes you a voting member of OAS)

Signature _____ Date _____

We require your help: (NO EXPERIENCE REQUIRED) check your preference(s)
 Coach _____ Referee _____ Clerical work _____ Field Maintenance _____ Snack Bar _____

Fee \$35 per child if paid before 7/15/09, \$50 after 7/15/09.

For families of 3 or more fees are \$85 per family before 7/15/09, \$100 after 7/15/09.

NO REGISTRATIONS AFTER AUGUST 15, 2009

Make checks payable to: OLD ALLEGHENY SOCCER

Send application and check to :

Dave Wilson, 3102 Norwood Ave., Pgh. PA 15214

For More Information Call Dave (231-1408) Ron (734-1557) or Chip (761-0656)

OLD ALLEGHENY SOCCER USE ONLY

Amount paid: \$ _____ Date Paid: _____ Check No. _____ Cash _____