

111 Whitehead Lane Suite 200 Monroeville, PA 15146 www.pawest-soccer.org

(412) 856-8011 FAX (412) 412-856-8012 stateoffice@pawest-soccer.org

## **Individual Player Registration Form**

By completing this form and submitting it with a registration fee of \$23.00 a player can register as a member in good standing with PA West Soccer Association. The completed registration will entitle the member to the same benefits afforded those registered as a member of a team or club.

NAME (print)			
ADDRESS			
CITY	STA	TE	ZIP
PHONE	DATE OF BIRTH		GENDER
MOTHER'S NAME		DAY PHONEDAY PHONE	
FATHER'S NAME		DAY PHONE	
ADDRESS (if different than registrant's) _			
CITY	STATE	ZIP CODE	
and activities (the Program), I hereby re affiliated organizations and sponsors, thei for the Programs against any claim by o and/or being transported to or from the same and print of the Parent/Legal Guardian Name (print)	ir employees and associated person r on behalf of the registrant as a me, which transportation I hereby o	nel, including the result of the regis authorize.	owners of fields and facilities utilize trant's participation in the Progran
Parent/Legal Guardian Signature			Date
Player Name (print)			
Player Signature			Date
<b>Send Check</b> (payable to PA West Soccer) of PA West Soccer 111 Whitehead Lane, Suite 200 Monroeville, PA 15146	along with copy of proof of age to:		
Office Use: Fee: Cash:			