



UPPER SOUTHAMPTON ACADEMY, INC



INDOOR WINTER SOCCER LEAGUE 2011-12 REGISTRATION

1459 2nd Street Pike
Southampton, PA 18966

215-953-2USA

215-355-4567

(fax) 215-355-5641

Check one: Player Coach Assistant Coach (please use separate form for players & coach)

I.D.# _____ Last Name: _____ First Name: _____
(Last 4 Digits of Player's Social Security#)

Address: _____ Home Phone# () _____
Cell # () _____ or Work Phone # () _____

City: _____ State: _____ ZipCode: _____

Birth Date: ____/____/____ Age: _____ Grade: _____ Sex: Male Female

Parent/Guardian Name: _____ (Print)

Medical Problems: _____

T-Shirt Size: (Please Circle One) Youth: Med Lge Adult: S M L XL XXL

Years of Soccer Experience: _____ LEVEL: _____

Did you play indoor soccer at USA last year? YES NO

TEAM REQUESTS: _____

PLEASE CHECK THE SESSION(S) YOUR CHILD WILL BE REGISTERING FOR!

SESSION I - DECEMBER 3, 2011 THRU JANUARY 28, 2012 (no games December 24-Jan 2 FEE \$150

SESSION II - FEBRUARY 4, 2012 THRU MARCH 24, 2012 (no games February 17-20) FEE \$150

I WOULD LIKE TO REGISTER FOR BOTH SESSION I & SESSION II FEE \$250 (pre-registration only!)

(COACHES BRINGING IN TEAMS OF 9 OR MORE PLAYERS PLEASE CALL TO RESERVE YOUR TEAM'S SLOT)

Individual Registration Fee \$150 per player per session \$250 per player for both sessions, PRE-REGISTRATION ONLY!

Copies can be made if more than one form is needed.

MEDICAL INSURANCE: U.S.A. requires that you disclose a primary medical insurance carrier. Failure to comply will disqualify applicant from participating in U.S.A. programs. There can be no exceptions!

CARRIER NAME: _____ POLICY # _____

COPY OF BIRTH CERTIFICATE REQUIRED FOR NEW PLAYERS

RELEASE STATEMENT

NOTE: The statement should be signed by a parent/guardian for minor player; an adult player for himself; coach for himself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the U.S.A., its affiliated organizations and sponsors. Recognizing the possibility of the physical injury associated with soccer and in consideration for the U.S.A. accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the U.S.A., its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

PARENT/GUARDIAN OR ADULT SIGNATURE: _____ DATE _____