



HIGHLANDS AREA SOCCER CLUB (HASC)

Registration: Fall 2010 - Spring 2011 Sessions

REGISTRATION DEADLINE IS:

FALL: June 30, 2010
 SPRING: January 29, 2011

Player's Name _____ Address _____ City _____ Zip _____

Player's Birth Date ____/____/____ Age _____ Last 6 Digits of SS # _____ Male _____ Female _____

Father _____ Phone # _____ Cell # _____ E-mail _____

Mother _____ Phone # _____ Cell # _____ E-mail _____

HASC reserves the right to roster a player in an appropriate age group based on needed team numbers.

ALL FEES ARE NON-REFUNDABLE

CHECK APPROPRIATE AGE GROUP:

- Micro** (8/2004 - 7/2006)
 (age 4 by 7/31/10)
- U-8** (8/2002 - 7/2004)
- U-10** (8/2000 - 7/2002)

- TRAVEL TEAMS - Sunday Games**
- U-12** (8/1998 - 7/2000)
- U-14** (8/1996 - 7/1998)
- U-16 / U-19** (8/1991 - 7/1996)

YEARLY PLAYER REGISTRATION - Fee Includes FALL 2009 and SPRING 2010 Sessions

AGE GROUP OF PLAYER	PRICE	TOTAL
TOPS (special needs)	\$15.00	\$ _____
MICRO	\$45.00	\$ _____
U-8 and U-10	\$45.00	\$ _____
U-12, U-14 and U-16/U-19	\$65.00	\$ _____
Sibling Discount List first & last names	(\$5.00)	\$ (_____)
Late Fee - IS ENFORCED (if postmarked after Registration Deadline)	\$25.00	\$ _____

* After Deadline HASC has the right to refuse registration *

FUNDRAISER - Fee Due each Fall and Spring Session

REGISTRATION SUB TOTAL \$ _____

ONE Fundraiser fee per household due each Fall and Spring Session

MONEY DONATION	\$25.00	\$ _____
or FUNDRAISER SALE (candy bars)	\$52.00	\$ _____

I am interested in the fundraiser sale items payment plan.
 Please contact me with more information.

REGISTRATION and FUNDRAISER TOTAL \$ _____
 Please make check payable to **HASC**

SHIRT SIZE - check one (ALL Players receive two shirts)

- YS YM YL AS AM AL AXL

SOCK SIZE - check one (ONLY Travel Teams receive socks)

- Medium Large

Medical Problems / Medications _____

Allergies _____

Physician's Name _____ Phone # _____

Insurance Carrier _____ Policy holder _____

Insurance # _____ Group # _____

LIABILITY & MEDICAL TREATMENT DISCLAIMER

In order to induce Highlands Area Soccer Club (known hereafter HASC) to accept this registration and permit participation by the above named individual, I/we the parents or guardians of said individual, hereby give our consent and agree to release, indemnify, and hold harmless, its officials, coaches, and representatives, from any claim arising out of injury to the named individual. I/We also hold harmless HASC, its officials, coaches, and representatives from any claims out of injuries or conditions caused by or aggravated by my/our refusal of available medical treatment based on religious or philosophical beliefs. I/We the undersigned parents/guardians of the participant, a minor, do hereby; authorize the coaches, assistant coaches or parents of the team members acting in the capacity of activity supervisors or vehicle drivers as agent of the undersigned to consent to medical, surgical or dental examination and/or treatment.

In Case of Emergency, I/We authorize treatment and/or care of _____ at any/or a specific hospital _____. In the case that parents cannot be reached, I/We authorize for you to call _____ at (_____) _____ to act in my/our behalf.

LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT OF DISCLAIMER:

Parent's Signature _____ Date _____

REGISTRATION CHECKLIST

- Fully complete all questions on the registration form
- SIGN and date registration form
- Sign and include check
- Include copy of birth certificate

TRAVEL PLAYERS U-12 and UP:

- Include 1" x 1" player's photo

Please make check payable to **HASC** and send all information and payment to:
HASC c/o Terri Artman
104 W 7th Avenue
Tarentum PA 15084