



HIGHLANDS AREA SOCCER CLUB (HASC)

Registration: Spring 2012

Registration Dates For Spring 2012 Season

Registration Opens:

Registration Closes:

December 1, 2011

January 31, 2012

Player's Name: Birthdate: / / Male Female Address:

Communication is very important and HASC will primarily rely on email and phone to communicate with the families participating in the club. Please be sure to take the time to fill out clearly your primary email and phone numbers that you can be readily reached at.

Father's Name Phone # Cell # Email Mother's Name Phone # Cell # Email

YEARLY PLAYER REGISTRATION

Table with columns: AGE GROUP OF PLAYER, PRICE, TOTAL. Rows include TOPS (Special Needs Players), MICRO (U5 AND U6 Players), U8 (U7 and U8 Players), U10 (U9 and U10 Players), U12 (U11 and U12 Players), U14 (U13 and U14 Players), U19 (U15 thru U19 Players), Sibling Discount, Late Fee, After Deadline HASC has the right to refuse registration, Subtotal.

FUNDRAISER - DUE EACH FALL AND SPRING

You are responsible for one fundraiser per household each fall and spring session. You can choose a \$25.00 money donation in lieu of a fundraiser or prepay \$50.00 and keep the money from the fundraiser. There is also a fundraiser payment plan to choose from - if you are interested please check here:

Fundraiser Money Donation \$25.00 Prepaid Fundraiser Sale \$50.00 TOTAL DUE (Please make checks payable to HASC)

UNIFORM SIZE (All players receive 2 shirts, Only travel teams receive socks) - Choose 1

Shirt Size (YS, YM, YL, AS, AM, AL, AXL) Sock (Medium, Large)

MEDICAL INSURANCE; LIABILITY & MEDICAL TREATMENT DISCLAIMER

Medical Problems / Medications: Allergies: Physician's Name: Phone #: Insurance Carrier: Policy Holder:

In order for 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 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 / Guardian Signature: Date:

COACHING AND VOLUNTEERING

HASC is always looking for coaches and volunteers. If you are interested, please check below.

Head Coach Assistant Coach Coordinator Board Position

TRAVEL PLAYERS (U12 AND ABOVE) NEED TO INCLUDE 1" X 1" PLAYER PHOTO

MAIL REGISTRATION AND CHECK TO: HASC P.O. BOX 78 NATRONA HEIGHTS PA 15065