



FREEPORT AREA SOCCER ASSOCIATION

Spring 2024 Developmental Soccer Registration deadline 03-02-24 **birth year 2015 and up was online, call to check on openings.

Player Name _____ Address/city/zip _____

Player Birth date ____/____/____ Age _____ Male _____ Female _____

Mother Name _____ Phone # _____ e-mail address _____

Father Name _____ Phone # _____ e-mail address _____

DEVELOPMENTAL

____ 6 and Under

____ 8 and Under

BIRTH DATE FALLS BETWEEN

January 1, 2018 and December 31, 2019

January 1, 2016 and December 31, 2017

REGISTRATION FEE

\$60.00 + fundraiser

\$70.00 + fundraiser

Birth years 2014-2015 - registration was online with a deadline of 01-15-24. Game days could be on Saturday's or Sunday's

CARPOOLING REQUESTS (6U and 8U ONLY) NO COACH REQUESTS ACCEPTED. _____

Circle SHIRT SIZE if required Youth Sm Youth Med Youth Large Adult Sm Adult Med Adult Large

Note: 6U and 8U - One blue shirt and one gold shirt will be issued to each player per SCHOOL year

PAYMENT for 6U and 8U: Please postmark by 03-02-24

Registration Fee \$ _____

Make Check Payable and mail to:

Freeport Area Soccer Association

P.O. Box 13

Sarver, PA 16055

Any questions call Linda Hafer at 724-316-8924.

Or email at registrar@freeportsoccer.com

Fundraiser \$30.00 \$ _____

Add \$10 late fee if submitted after March 10, 2024 \$ _____

TOTAL PAYMENT \$ _____

FASA is a volunteer organization and we are always in need of help. If you are interested in volunteering, place your name next to the following: Coaching _____ Assistant Coaching _____ Clean Up Day _____ Fundraising _____ Picture Day _____

COVID-19 PARTICIPATION WAIVER

I understand and acknowledge that _____'s participation in the athletic program and related events and activities, including tournaments and games, offered by and in connection with PA WEST SOCCER ASSOCIATION and FREEPORT AREA SOCCER ASSOCIATION may pose dangers and risks of possible exposure to and illness from infectious diseases, including but not limited to influenza and COVID-19. I understand that while particular rules and procedures may be in play and may reduce risk, the risk of serious illness or death exists. I understand that PA WEST SOCCER ASSOCIATION and FREEPORT AREA SOCCER ASSOCIATION assumes no responsibility for any and all illness, disability, death or loss of damage to person or property in connection with my participation. I hereby waive, release, and discharge PA WEST SOCCER ASSOCIATION and FREEPORT AREA SOCCER ASSOCIATION from any and all liabilities or claims, financial or otherwise, made as a result of participation in the athletic program and related events and activities.

Parent/Guardian Signature (required) _____

Legal Authorization for Emergency Care and Acknowledgment of Disclaimer

Does your child have any medical problems that you wish to bring to the attention of his/her coach? _____ Please detail on back
To induce the Freeport Area Soccer Association to accept registration and to permit participation in FASA by the below named individual, I/We, the parent(s) or guardian(s) of said individual, hereby give my/our consent and agree to release, indemnify, and hold harmless FASA, Its officials, coaches, and representatives, from any claims arising out of injuries or conditions caused by or aggravated by my/our refusal to available medical treatment based on religious or philosophical beliefs. I/We, the undersigned parent(s) or guardian(s) of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisor's vehicle drivers as agents for the undersigned to consent to medical, surgical, or dental examination and/or treatment. By signing below I hereby, consent to/and permit photographs of myself and/or that of any minor children to be used by FASA for purposes including educational and advertisement, and in any medium including print and electronic. Please initial if you DO NOT want any photographs taken of yourself and/or any minor children by FASA, _____.

In case of emergency, I/We authorize treatment and/or care of (player name) _____

If there is and emergency and I/We cannot be reached, please contact _____ Phone _____ who is authorized to act in my/our behalf.

Date ____/____/____

Parent or Guardian Signature (required)

Go to www.freeportsoccer.com for club information and updates

This correspondence is being circulated as a community service at the request of a non-school organization. The information and/or activities are not associated with the Freeport Area School District.