



PHOENIXVILLE AREA SOCCER CLUB

P.O. Box 136, Phoenixville, PA 19460
phone 610.935.7940 web www.pasc1.org email pasc@pasc1.org
**2009 SPRING SOCCER PROGRAM
REGISTRATION FORM**



SPRING SOCCER PROGRAM

- Date:** 8-week Saturday morning program running Mar 28 to May 16
- Ages:** Boys/Girls U-6*
Boys U-8, U-10, U12** & U-14**
Girls U-8, U-10, U12** & U-14**
Ages are as of July 31st 2008, so whatever age you played in Fall 2008 is what you should play in Spring 2009
*Group will be split in to two groups if more than 40 register
**Groups will be combined if insufficient numbers
- Location:** Phoenixville Area Soccer Club, Charlestown Township Park and CAT Pickering fields
- Practice/Coaching:** Based on the positive feedback from last Spring, United Soccer Academy will be returning to run the coaching clinics for U8s and U10s as well as now running Pee Wee clinics.
- Games:** Small sided games (3v3 and 4v4) format is conducive to improving ball skills.
Pee Wees will be placed on teams.
All other ages (U8-U14) will be randomly assigned to teams weekly to allow for varying abilities and availability and provide the opportunity for children to play with and against a wider range of players.
- Fee:** \$55 per player includes a PASC T-shirt until January 24th, when the price was increased to \$70. On March 1st it will increase to \$80.
- Registration Period:** January 10th – March 28th
- Register by mail:** PASC, P.O. Box 136, Phoenixville, PA 19460
- Register online:** http://www.active.com/event_detail.cfm?event_id=1674950
- Register in person:** At PASC clubhouse on the following dates
Saturday, January 24 2:00 p.m – 4:00 p.m.
Saturday, February 21 2:00 p.m.- 4:00 p.m.
Saturday, March 14 2:00 p.m.- 4:00 p.m.

Anyone interested in assisting with the player training, or anything else, for the Spring Soccer Development Program is asked to contact Steve Riley at DoC@PASC1.ORG

If you would like to see your logo on the shirts please email sponsor@pasc1.org



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REGISTRATION PERIOD: January 10 – March 28, 2009

Phoenixville Area Soccer Club is very excited to announce that it will be holding the 7th Spring Soccer Program in the spring of 2009. The 8-week program is scheduled to begin on Saturday, March 28 and conclude on Saturday, May 16. The small-sided game (3v3 and 4v4) format is conducive to improving ball skills, while the players also enjoy the quick paced games.

Name of Player (Last, First): _____ Sex: M F Birthdate: ____/____/____

Address: _____ City/State/Zip: _____

Township: _____ Phone #: _____

School: _____ Grade: _____ Age: _____ Email Address: _____

Doctor: _____ Phone #: _____

Age groups are the same as those of Fall 2008, e.g. If you played U8 in the Fall you would be U8 now. Players can play up an age group.

Select Division	Gender (Select)		Club Fee (Circle)
_____ Pee Wee *	CO-ED		\$70
_____ Minor (U8)	BOYS	GIRLS	\$70
_____ Major (U10)	BOYS	GIRLS	\$70
_____ U12**	BOYS	GIRLS	\$70
_____ U14**	BOYS	GIRLS	\$70

Please consider a donation to help our club to help maintain our current fields, train our coaches and support the youth in the community

Donation \$ _____

*Group will be split in to two groups if more than 40 register

Total \$ _____

**Groups will be combined if insufficient numbers

NOTE: If you wish to play in more than one age group add \$20 to the fee

Father's Name/Legal Guardian: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email Address: _____

Dad is interested in helping with: Coaching _____ Asst. Coach _____ Other _____

Mother's Name/Legal Guardian: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email Address: _____

Mom is interested in helping with: Coaching _____ Asst. Coach _____ Other _____

Emergency Contact: _____ Phone: _____

Fee: \$55.00 Make checks payable to PASC

- ⊘ A \$20 PROCESSING FEE WILL BE ASSESSED TO THE REGISTRATION FEE WHEN REFUNDS ARE ISSUED.
- ⊘ NO REFUNDS WILL BE ISSUED AFTER MARCH 10, 2009.
- ⊘ A \$20 PROCESSING FEE WILL BE IMPOSED ON ALL RETURNED CHECKS.
- ⊘ PASC IS NOT RESPONSIBLE FOR MAKING UP WEEKENDS LOST DUE TO THE FORCES OF NATURE

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 EPYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge, and/or otherwise indemnify the EPYSA, 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 same, which transportation I hereby authorize.

Parent / Guardian or Adult Signature: _____ Date: _____

For office use only:

Amount Paid: _____ Method: Check Cash By: _____ Processed: _____