



# 2011 INDOOR SOCCER

## GRADES 1-8

Registration Fee \$80.00  
Due by 11/01/2011

NAME \_\_\_\_\_  BOY  GIRL

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ AGE \_\_\_\_\_ GRADE In Fall of 2011 \_\_\_\_\_

Email \_\_\_\_\_

Team/Coach Playing for (if known) \_\_\_\_\_

Please attach \$80.00 registration fee and mail it to PAA, P.O. Box 1220, Gig Harbor, WA 98335 or the PAA office located in the Boys and Girls Club. **Games are played on Saturdays and Sundays, if needed - MOST LEAGUES WILL PLAY ON SATURDAY. (one per weekend).** Sessions will begin on **November 19th** and continue on the following weekend dates. **November 26/27, December 3/4, December 10/11, December 17/18. During the week of December 27th, we will play 3 final games in a Tournament style format. All games played at Gig Harbor Athletic Club indoor**

Do you need to order a uniform shirt ?  Yes  No

Size  YM  YL  AS  AM  AL  AXL

**YOU MUST INCLUDE \$25.00 (NON REFUNDABLE) FOR THE SHIRT.**

**PAA will order the jersey for you. The PAA Red/Blue jersey is used for all of our sports programs**

LASTNAME (please print) \_\_\_\_\_

**PAA YOUTH OPERATES WITH ADULT VOLUNTEERS, PLEASE INDICATE WHERE YOU CAN HELP PAA Hotline 858-7678.**

- Coach**  **Team Parent**
- Assistant Coach**  **Team Organization**

I, the parent or guardian of \_\_\_\_\_ permit my child to engage in all activities related to the Soccer program. I release all agents, representatives, coaches and volunteers of PAA/Youth and the Gig Harbor Athletic Club from any and all liabilities for any injury, illness or loss of property while participating in this program. Photo release: I hereby give PAA and all partners consent to use photographs of my child while participating.

PARENT SIGNATURE (REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

*Credit Card Payment form (VISA/MC Only), If needed*

Amount of Payment \$ \_\_\_\_\_ Telephone Number \_\_\_\_\_

CC # \_\_\_\_\_ Exp Date \_\_\_\_\_ CV Code \_\_\_\_\_ (3 digit on back)

Name (as shown on card) \_\_\_\_\_

Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_