SANFORD AREA SOCCER LEAGUE
FALL 2009 Recreation Registration

June 15th - June 27th - Pre-Registration
June 28th - July 25th - Registration
July 26th - July 31st - Late Registration

919-708-6886

www.sasl.net

The Sanford Area Soccer League (SASL) is a non-profit organization. The league is overseen by a volunteer Board of Directors based on guidance set forth at a district and state level, and staffed by volunteer coaches. The league offers youth soccer programs at each developmental level - recreation, challenge and classic. SASL is part of the North Carolina Youth Soccer Association (NCYSA).

The mission of the Sanford Area Soccer League is to provide instructional and competitive youth soccer opportunities that enhance character, community and love for the game of soccer. The goal of SASL is to offer every player the opportunity to participate in and play soccer at his or her own level of competition. Integrated in this is the building of team work, self-esteem, self confidence, respect for self and others, and all the inherent benefits of physical exercise.

Player Information - *Please Print Neatly and Fill Out Completely*

First Name _____

Last Name _____

Gender (circle one) Male Female

Date of Birth ____ / ____ / ____
Month Day Year

****Child must be 4 by August 1, 2009 in order to participate**

List any medical problems that your child has that the league should be aware of:

Jersey Size _____ Short Size _____

Available in YXS, YS, YM, YL or AS, AM, AL, AXL

Parent/Guardian Information

Parent/Guardian Name(s) _____

Mailing Address _____

_____

Home Phone _____ Alternate Phone _____

E-mail Address _____

*It is very important that you provide an e-mail address as SASL uses e-mail as it's primary form of communication

Volunteer Positions

Coach ☐ If checked have you coached or played soccer before: Yes or No
If yes, are you licensed (circle): Youth I or II or E or other _____.
Requested Practice Time(s) - ***FOR COACHES ONLY!***
Circle: Mon. Tues. Wed. Thurs. Fri. Time: _____to_____
Assistant Coach ☐ If checked have you coached or played before: Yes or No
If yes, are you licensed (circle): Youth I or II or E or other _____.
Team Parent ☐ Concessions ☐
Event Volunteer ☐ Field Maintenance ☐

If you or your employer might be interested in sponsoring a new team please write a contact name and number here:

Registration Fees

Fee includes: team uniform (jersey, shorts and socks), insurance and concession after each game.

Postmarked by dates below:

June 15th - June 27th	Pre-registration Fee	$70.00
June 28th - July 25th	Registration Fee	$75.00
July 26th - July 31st	Late Registration	$85.00

FAMILY DISCOUNTS

If you have three or more children in your family to register, we offer you a discount. All children must have the same parent(s) and/or guardian(s) to qualify for the discount.

Pre-Registration - first child and second child **$70.00**, third child **$52.50** (-25%) and any child thereafter **$35.00** (-50%).

Registration - first child and second child **$75.00**, third child **$56.25** (-25%) and any child thereafter **$37.50** (-50%).

Late Registration - first child and second child **$85.00**, third child **$63.75** (-25%) and any child thereafter **$42.50**(-50%).

There will be a $25 surcharge on returned checks. NO REFUNDS!

Insurance - SASL has accident insurance covering players during each practice and at games. The policy covers medical expenses that each childs primary insurance does not cover **after** a $1,000 deductible has been met.

Protective Equipment - **Shin Guards must be worn by all players.** Mouth protection is strongly recommended. Tennis shoes are fine, but cleats are recommended. Cleats should be rubber, no baseball cleats will be allowed.

Having been informed of the organization of the Sanford Area Soccer League to provide supported soccer games for the children I/We, the parent(s) or guardian(s) of the named candidate do hereby give my/our approval to his/her participation in any and all activities. I/We understand the nature of the insurance coverage provided through the registration fee. However, I/We do assume all additional responsibility for hazards incurred in the conduct of activities, transportation to and from activities, and I/We do further hereby release, absolve, indemnify, and hold harmless the Sanford Area Soccer League and also the owners of the land for soccer activities, any and all of them. In case of injury to my/our child, I/We waive all claims against the organizers, sponsors or any of the supervisors, coaches or referees appointed to them. I/We also agree to furnish a certificate of birth as requested by the Sanford Area Soccer League.

Please Include:
~A copy of child's birth certificate
~Check or money order payable to SASL for appropriate fee
Mail all of the above to: SANFORD AREA SOCCER LEAGUE
P.O. BOX 1212
SANFORD, NC 27331-1212

Parent/Guardian Signature **Date**