



Fall 2010 Recreation Registration Form
Sanford Area Soccer League
 Office:(919) 708-6886 www.sasl.net saslsoccer@yahoo.com

Please mail the completed form along with a copy of your child's birth certificate if one is not already on file with SASL, and a check or money order made out to SASL for appropriate fee to:

SASL
 P.O Box 1212
 Sanford, NC 27331-1212

Player's Last Name: _____ First Name _____ MI _____ Date of Birth: _____

Address: _____ Gender: Female Male Age: _____

City, Zip: _____ Home Phone: _____ Alternate: _____

Parent/Guardian's Email: _____

Parent/Guardian's Names: _____

If possible, I would like my child to be on an all girls team.

Please list any allergies or medical conditions we should be aware of: _____

REGISTRATION FEES & Uniform Information: Fall 2010 Recreation **\$25 surcharge on returned checks!**

- \$70.00 – Early Registration (must be received before 06-30-10)
- \$75.00 – Registration (received between 07-01-10 and 07-24-10)
- \$80.00 – Late Registration (received between 07-25-10 and 07-31-10)

Fees include: team uniform (jersey, shorts, socks), and insurance.

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. *Early Registration:* first and second child \$70, third child \$52.50 and any child thereafter \$35.00. *Registration:* first and second child \$75, third child \$56.25, and any child thereafter \$37.50. *Late Registration:* First and second child \$80, third child \$63.75, and any child thereafter \$42.50.

Jersey Size: YXS, YS, YM, YL or AS, AM, AL, AXL **Short Size:** YXS, YS, YM, YL or AS, AM, AL, AXL

Volunteer Positions: SASL is an all-volunteer league that is dependent on parents volunteering to help make the league a success.

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

If you or your employer might be interested in league sponsorship, please write a contact name and number here:

Insurance – SASL has insurance covering players during practices and games. The policy covers medical expenses that each child's 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.

By completing and signing this registration form, you agree to the following: Having been informed of the organization of the Sanford Area Soccer League (SASL) 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 SASL 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, referees appointed to them. I/We also agree to furnish a birth certificate as requested by the SASL. I/We have read and will abide by the Parent Code of Conduct posted on the SASL website. It is the practice of the SASL to periodically post photographs, without names, of participants on the SASL website. If you do not wish for a photograph of your child to be posted on our website please initial here.

_____ *I do not want my child's photograph posted on the SASL website.*

Parent/Guardian Signature: _____ Date: _____