



TEAM NAME:



## **SPRING SEASON ONLY**

## STSA TRAVEL REGISTRATION FORM

## Saginaw Township Soccer Association Saginaw, MI 48603

** ** Do not write below this line — for STSA use only *** ** Do not write below this line — for STSA use only *	<u>Player information</u>		
Parent(s) Name(s):	Player's Name:		Date of Birth:
Parent(s) Name(s):	Address:	_	Sex: MALE
Email address:			School:
Volunteer Opportunities (Please volunteer for one or more areas):  I am interested in participating with my child in the following position(s):    Field Marshall   Tournament Volunteer   Concessions	Parent(s) Name(s):		Phone: ()
I am interested in participating with my child in the following position(s):    Field Marshall   Tournament Volunteer   Concessions	Email address:		Alternate Phone:()
Waiver, Release, and Indemnification  My/Our child	Volunteer Opportunities (	Please volunteer for one or mo	ore areas):
Waiver, Release, and Indemnification  My/Our child	I am interested in participati	ing with my child in the following	position(s):
My/Our child		Field Marshall   Tourname	nt Volunteer   Concessions
competitive soccer in the Saginaw Township Soccer Association, Inc. (STSA) programs. In consideration of my child's accept participate in STSA programs, I/We agree to release and hold harmless, indemnify and defend the STSA, its officers, employ agents and assigns, from and against all claims, losses, damages, or lawsuits for damages, or any other claim which may ar result of any injury occurring to said child while participating in the program. I further understand that I am agreeing to independ and hold harmless the STSA, and all other persons mentioned above, from all claims which may be made by or on behalf of resulting from any injuries or damages allegedly incurred while participating in any STSA activities. I/We further agree that we abide by the rules and regulations of the STSA, the Michigan State Youth Soccer Association, the United States Youth Socce Association and the United States Soccer Federation.  Parent/Guardian's Signature	Waiver, Release, and Inde	<u>emnification</u>	
Travel Fees for Boys U15 & above are \$ 550.00  This fee covers field and grounds upkeep, insurance through MSYSA, Referee fees (Except State Cup), League fees, Speed & Agility Training, and Required Winter Indoor Training. Uniforms are not covered in this fee.  UNIFORMS WILL BE ORDERED ON-LINE — ASK YOUR COACH FOR DETAILS!  Any registration fees/forms submitted AFTER the posted registration due date will be assessed a \$25 per player lates **** Do not write below this line — for STSA use only ***** Do not write below this line — for STSA use only *****	competitive soccer in the Sagin participate in STSA programs, I agents and assigns, from and a result of any injury occurring to and hold harmless the STSA, ar resulting from any injuries or do abide by the rules and regulation	I/We agree to release and hold harmle against all claims, losses, damages, or a said child while participating in the p and all other persons mentioned above amages allegedly incurred while partic ons of the STSA, the Michigan State Y	(STSA) programs. In consideration of my child's acceptance to less, indemnify and defend the STSA, its officers, employees, relawsuits for damages, or any other claim which may arise as a program. I further understand that I am agreeing to indemnify e, from all claims which may be made by or on behalf of my child cipating in any STSA activities. I/We further agree that we will
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ees raid \$ Date			
	CC3   aid	CHECK #	Date

COACH: