



FUTURE FUTBALLERS 2019 REGISTRATION FORM

(October 7th - November 28th)

919-708-6886

www.sasl.net

info@sasl.net



Player's Information

First Name	MI	Last Name	Date of Birth (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	Zip	
<input type="checkbox"/> White	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other	
Parent/Guardian Name(s)		Parent/Guardian e-mail address (REQUIRED)		
Best Phone # to Contact	Alternate Phone # to Contact		Allergies/Medical Issues	

Registration Fees

Regular Registration Fee		Late Registration Fee	
Register between 8/25/19-10/6/19	\$ 95.00	Register after 10/7/19	\$ 110.00

Please circle jersey size: YXS YS YM

Miscellaneous Information & Parent/Guardian Authorization

Insurance – SASL/SLFC 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.

\$30 Returned Check Fee. No REFUNDS will be issued.

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), and San Lee Futbol Club to provide supported soccer training 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/SLFC 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 understand photos may be taken of my/our child/children during the course of the season for the purposes of sharing the happenings of our non-profit organization with the community. I/We have read and will

Parent/Guardian Signature

Date

Mail completed form, payment and birth certificate (if applicable) to: SASL • P.O. Box 1212 • Sanford, NC 27331