

SANFORD AREA SOCCER LEAGUE

Fall 2019 REGISTRATION FORM



919-708-6886

www.sasl.net

info@sasl.net

Player's Information							
First Name	MI	Last Name	Date	of Birth (mm/c	dd/yy) [Male Female	
Street Address				City	<u> </u>	Zip	
White	African Ame	erican	Hispanic or I	_atino	Other		
Parent/Guardian Name(s) Parent/Guardian e-mail addre						l address	
Best Phone # to Contact Alternate Phone # to				it	Allergies,	/Medical Issues	
Volunteer Information							
SASL is an all-volunteer league that is heavily dependent on parents volunteering to help make the league a							
success! Please consider volunteering for one of the following positions:							
Coach Assistant Coach Team Parent Event Volunteer							
If you or your employer might be interested in a league sponsorship, please write a name and contact number							
here.							
Registration Fees & Uniform Information							
Faulty Desciatuation	Fac. 1	New Jerseys will be	used for the	Day	la z Dazi	stustian Fac	
2019/2020 year! You will nee					_	stration Fee	
Register Before 5/20/2019 purchase a new Jersey, you can st				ise		5/20/19-7/15/19	
With Jersey Kit \$ 95.00 the previous seasons Red Shorts Only need Jersey \$ 85.00 Socks!					•	\$ 110.00	
Only need Jersey \$ 85.00 Socks! Families registering 3 or more children may take a 25% discount for the 3rd child. Any subseque.					ed Jersey	\$ 100.00	
Please circle jersey size:	NOT NEEDED	YXS YS	S YM	YL AS	AM	AL AXL	
Please circle short size :	NOT NEEDEL	O YXS Y	S YM	YL AS	AM	AL AXL	
Please Note: All first time players with SASL must submit a copy of the participant's birth certificate.							
Forms for first time players will not be processed without a birth certificate							
Forms received after July 15th are not guaranteed a spot and will be placed on the wait list. Miscellaneous Information & Parent/Guardian Authorization							
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 Tennis shoes are fine, but cleats are recommended. Cleats should be rubber, no baseball cleats will be allowed.							
\$30 Returned Check Fee. No							
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 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 abide by the Parent Code of Conduct posted on the							
Parent/Guardian Signature				 Date			