



SANFORD AREA SOCCER LEAGUE

SPRING 2020 REGISTRATION FORM



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 | |
| Best Phone # to Contact | Alternate Phone # to Contact | | 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:

| | | | |
|--------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Event Volunteer |
| <input type="checkbox"/> YES | Please write name and contact information below to be a Sponsor! | | |
| <input type="checkbox"/> NO | | | |

Registration Fees & Uniform Information

| | | |
|--|---|---|
| Regular Registration Fee Register between 11/24/19-1/31/2020 | Jersey Kits from Fall 2019 will be used for Spring 2020. If you only need Jerseys, shorts, or socks separately please email info@sasl.net with the items needed. Those will be sold separately! | Late Registration Fee Register between 11/24/19-1/31/2020 |
| 8-10U With Jersey Kit \$ 115.00 | | 8-10U With Jersey Kit \$ 125.00 |
| 8-10U No Jersey Kit \$ 97.00 | | 8-10U No Jersey Kit \$ 107.00 |
| 6U With Jersey Kit \$ 110.00 | | 6U With Jersey Kit \$ 120.00 |
| 6U No Jersey Kit \$ 92.00 | | 6U No Jersey Kit \$ 102.00 |

Families registering 3 or more children may take a 25% discount for the 3rd child. Any subsequent children may be registered at a 50% discount.

Please circle uniform size: NOT NEEDED YXS YS 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 January 31st 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 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) 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 SASL website.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

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