



# SANFORD AREA SOCCER LEAGUE RECREATION 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
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:

☐ 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

Early Registration Fee Register Before 12/25		Regular Registration Fee After 12/25	
Spring Rec Fee	\$85.00	Spring Rec Fee	\$ 95.00
Jersey Kit	\$25.00	Jersey Kit	\$ 25.00

Please circle jersey 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\***

## 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 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