SASL		AREA S CAMP REG 6 www.sa	ISTRAT				
	F	Player's Inform	ation				
First Name	MI	Last Name	Date of Bi	rth (mm/dd/yy)	Male Male		
	Street Address		C	ity	Zip		
Parent/Guardian Name(s)			Parent/Guardian e-mail address				
		Alternate Phone # to	o Contact	Allergie	gies/Medical Issues		
	CAM	IP SESSION SE	LECTION				

SASL will have three camps this Summer. All camps are half day camps. Camp 1 is June 24-28 from 9AM - 12 PM. Camp 2 is July 22-26 from 9 AM- 12 PM. Goalkeepers Academy will be held July 15-19. Camps will be held at the San Lee FC Turf Fields at 2569 Industrial Drive, Sanford, NC 27330

CAMP

1

CAMP 2

GOALKEEPER ACADEMY

Registration Fees & Uniform Information										
CAMP FEES				SASL Dr-Fit Shirt Included						
Half Day Week Camp \$ 150.00						Bring cleats, water, lunch, and shin guards				
Please circle jersey size:	NOT NEEDED	YXS	YS	YM	YL	AS	AM	AL	AXL	

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

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