



SANFORD **AREA SOCCER LEAGUE**

TECHNICAL SERIES REGISTRATION **FORM**

919-708-6886

www.sasl.net

info@sasl.net

Player's Information

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

TECHNICAL SERIES TRAINING 2024

SESSION DATES:

May 28, 30

June 4, 6, 11, 13, 15, 18, 20, 25, 27

July 9, 11, 16, 18

NO TRAINING THE WEEK OF JULY 4th!

BORN
2011-2017

BORN 2006-2010

2011-2017's are TUES/THURS from 6:30-7:30PM. 2006-2010's train from 7:30-8:30 PM on TUES/THURS.

Registration Fees & Uniform Information

FEES	
Tehcnical Series Fee	\$ 115.00

SASL Dr-Fit Shirt Included
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

Date

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