



SPRINGFIELD AREA SOCCER ASSOCIATION

PASSION PRIDE LOYALTY UNITY



SASA YOUTH ACADEMY 2014 REGISTRATION FORM

<p>Age group: The Youth Academy is open to girls & boys in the community ages 3-8. There will be three age divisions; Little Kickers (3-4), Lower Division (5-6), Upper Division (7-8).</p> <p>Season: The season will begin Wednesday, April 2nd with an <u>orientation day</u> for all players, parents and coaches. The season will end Wednesday, May 14th.</p> <p>Practices: Players will be assigned to a team for the entire season. Teams will practice once a week on <u>Wednesday nights</u>.</p>	<p>Cost: \$75 Make Checks Payable to: "SASA Youth Academy" To pay via PayPal visit the SASA website www.sasasoccer.org</p> <p>SASA Address: P.O Box 904, Springfield IL 62705</p> <p>DEADLINE TO REGISTER: Friday, March 28th</p> <p>For more information contact Max Rooke: sasa.spirits@hotmail.com</p>
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PLEASE RETURN FORM BELOW WITH PAYMENT

Players Name: _____ Player t-shirt size (please Circle): YS YM YL AS AM AL

Age: _____ Birth Date: _____ Boy/Girl: _____ School Attending: _____

Parents Names: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Email(1): _____

Email(2): _____

Siblings participating (for attempted team placement): _____

YES, I WOULD LIKE TO BE A PARENT COACH (please Check): _____ Coach t-shirt Size: _____

I, the undersigned, am the parent or legal guardian of the above-named player, who is under the age of 21years, and I do hereby consent to the player's participation in the sport of soccer as a player with SASA and the Youth Academy(YA), and such participation includes but is not limited to all practices, scrimmages and games. Additionally, I do hereby release and forever discharge said SASA from any and all liability whatsoever and from any claim or any action or any claim of relief which maybe asserted against said SASA/YA or against any individual who is a member of said SASA/YA including players as well as adults, by reason on any injury said player may receive or incur while participating in the YA or in the transportation of said player to and from any YA activity. Additionally, I hereby authorize SASA personnel to seek medical help from a doctor or hospital as long as they are licensed to practice medicine in the US. Finally, I represent SASA that I have, personal medical health insurance that will provide coverage for said player in case of any accident or injury should occur while at SASA/YA. I hereby acknowledge that I have read all of the information and that I understand such information and I hereby acknowledge my consent to said players participation relative to all foregoing statements, representations and conditions.

Parent/ Guardian Printed name: _____ Parent/Guardian Signature: _____

****FOR SASA OFFICE USE ONLY: PAID: _____ PAYMENT TYPE (CK/PP): _____ CHECK NUMBER: _____****