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REGISTRATION FORM
ST. ALBERT SOCCER ASSOCIATION
MEN'S MASTERS RECREATIONAL LEAGUE

61 Riel Drive, St. Albert, AB T8N 5B3
phone: 458-8973 fax: 458-8994
www.stalbertsoccer.com

Complete One Form Per Player –Press Firmly

P L E A S E P R I N T	Date _____, 2011	Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Yr	Mo.	Day				
	Name _____	_____	AHC Number						
	Last	First							
	Address _____								
		Number	/	Street	/	Postal Code			
Phone (H) _____ (Cell) _____ (E-mail) _____									
(B) _____									

Signature of Player									

Emergency Contact Name					Emergency Phone Number				

PLAYER INFORMATION

Number of Years in Organized League: Outdoor _____ Indoor _____

Playing position(s) preferred (please check): Forward Midfield Defense Goalie

Medical Conditions or Allergies (please state): _____

NOTE: The St. Albert Men's Masters Recreational Soccer League (SAMMRSL) provides players over the age of 35 years with an opportunity to play in a recreational league which emphasizes quality of play and sportsmanship rather than competitive standing. There is a zero tolerance policy designed to deter violent and unsportsmanlike conduct. By applying to register, the player undertakes to thoroughly familiarize himself with the laws of the game and the league by-laws (see league website www.sammsoccer.com) governing player and team conduct, and to abide by them.

Players that are suspended from Alberta Soccer Association (ASA) leagues are not eligible for registration in SAMMRSL during the term of ASA suspension.

I acknowledge and agree to abide by these terms:

_____ Player signature

Registration Fee Paid

Amount Paid \$ _____ \$ _____ Cash Cheque Credit Approved by _____
Reg. Fees Equipment # _____ \$10.00 charge for NSF cheques

PARTICIPATION IS AT YOUR OWN RISK. PLEASE SUBMIT:

- a. A SCAN (PREFABLE) OR PHOTOCOPY OF YOUR DRIVER'S LICENSE ALONG WITH A SCAN OF THIS FORM TO ESTABLISH THAT AGE REQUIREMENTS ARE MET.
- b. THIS INFO. TO BE SUBMITTED TO DE-ANNA BAILEY, SAMMRSL REGISTRAR AT THE FOLLOW EMAIL ADDRESS (deanna.bailey@firsttruck.ca)