REGISTRATION FORM No 00000

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

PLEASE PRINT

Date_____, 2009 Birth Date ☐☐ ☐☐ ☐☐
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 residing outside of St. Albert will not be eligible to play until they have been released by their District Association and been issued a Player Registration Number (PRN) by the SAMMRSL. Unless otherwise advised, the SAMMRSL will try to obtain this release on behalf of the applicant.

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 SO THAT A PLAYER IDENTIFICATION CARD (PIC) CAN BE ISSUED.**
b. **THIS INFO. TO BE SUBMITTED TO DE-ANNA BAILEY, SAMMRSL REGISTRAR AT THE FOLLOW EMAIL ADDRESS (deanna.bailey@firsttruck.ca)**