

STSA TRAVEL FORM-Fall 2007 U-19 Girls High School

PLAYER INFORMATION:

PLAYER'S NAME Date of Birth: _____
(must be 4 by first game!)

_____ Sex: **M F**
(Check if new) ADDRESS (CIRCLE)

CITY ZIP

Parents Names: _____ Phone _____
(Check if new)

EMAIL Address: _____ (please PRINT)

PARENT PARTICIPATION IS ESSENTIAL-PLEASE SELECT FROM THE FOLLOWING VOLUNTARY ACTIVITIES:

Team Parent Board Member Tournament Work Referee

Registration Concession Stand Concession Crew Leader

WAIVER:

My child, _____ has my permission to play competitive soccer in the Saginaw Township Soccer Association. In consideration of your accepting my child into the Saginaw Township Soccer Association, Inc., I relinquish the Association, its agents and assigns, from all potential rights and damage claims for injuries which may occur to said child as the result of sustaining bodily injury while participating in the program. I further understand that I am agreeing to indemnify and hold harmless the Saginaw Township Soccer Association, and all other persons mentioned above, from all claims which may be made by or on behalf of my child resulting from any injuries or damages allegedly incurred while participating in any STSA activities. It is further agreed that we will abide by the rules and regulations of the Saginaw Township Soccer Association, the Michigan State Youth Soccer Association, the United States Youth Soccer Association and the United States Soccer Federation.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

FEES: \$ 60.00 Fee covers field & grounds upkeep, insurance through MSYSA, referee fees, league fees.

\$ 10.00 Late Fee after Registration Deadline of July 29, 2007

Paid by: CASH: CHECK: Check Number: _____

Give check and form to your travel coach or team manager. Forms are turned in to STSA for a complete team. All unassigned signups will be assigned to the "Saginaw" team.

High School: _____ Coach: _____