



STSA TRAVEL REGISTRATION FORM

Saginaw Township Soccer Association
Saginaw, MI 48603

Player Information

Player's Name: _____ Date of Birth: _____

Address: _____ Sex: Male Female (circle one)

Parent(s) Name(s): _____ Phone: _____

Email address: _____ Alternate Phone: _____

Parent Participation is required for all travel players:

Please select one or more of the following position(s):

Field Marshall Concessions Tournament Volunteer

WAIVER, RELEASE & INDEMNIFICATION

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(S) OR GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Fees

U-10 MMYSL Travel: \$ 170.00

Mid-Michigan Players: \$ 200.00

Premier Players: \$ 250.00

Fees cover field & grounds upkeep, insurance, Referee Fees, 2 Practice T-shirt Jerseys (per year), and League fees for Mid-Michigan & Michigan State Premier.

MAKE CHECKS PAYABLE TO "STSA".

Any registration fees / forms submitted AFTER the posted deadline will be assessed a \$25.00 per player late fee.

UNIFORMS ARE NOT COVERED IN THIS FEE – PLEASE WRITE SEPARATE CHECKS FOR UNIFORMS!

FEE'S PAID: \$ _____ **CHECK NUMBER:** _____ **DATE** _____

RETURN WITH FORM TO YOUR TRAVEL COACH! DO NOT CO-MINGLE FUNDS FOR UNIFORMS AND FEES-WRITE TWO CHECKS!

TEAM NAME: _____ **COACH:** _____