

Signal Mountain Soccer League Registration Form

P.O. Box 267 Signal Mountain, TN 37377

www.signalmountainsoccer.com

Please register online at www.signalmountainsoccer.com and pay by credit card online or mail your check. If you prefer, please fill out this form and mail it by August 20th. There is a late charge of \$10 if not postmarked by deadline of August 20th.

- For U12 and older players, our teams will play in the County League. Please register soon!
- Make checks payable to SMSL & send to: SMSL, Box 267, Signal Mountain, TN 37377.
- **We anticipate our season to begin Saturday September 11th and end November 13th.** SMSL will provide your soccer jersey, shorts, and socks. Players must wear shin guards and cleats for all practices and games.
- There is a maximum family charge of \$200. (After Aug. 20th add \$10 per child.)
- Late registrations will be accepted by availability on a first come basis.
- Also **optional player clinic** August 28: u-6 9:00 a.m., u-8 10:15 a.m., and u-10 and older 11:30 a.m. Clinic costs \$5 per player.

Please print clearly and fill in all blanks:

Name: _____ Birth Date: _____ Sex: _____

Street Address: _____ City/Zip (if not Signal Mtn.): _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Mother's Name: _____

E-Mail Address: _____

Parent comments: _____

(Requests might not be able to be honored due to drafts. Please note if your child is playing up and in what age group)

For boys: is the player also playing flag football on Signal this fall? _____

PARENTAL AUTHORIZATION/RELEASE OF LIABILITY

The undersigned parent or legal guardian of the above named child, recognizing that the sport of soccer does contain elements of risk and possible injury, does hereby consent to and give approval for the above child to participate in any and all soccer-related activities including, but not limited to, practices, games and transportation. I assume all risks and hazards incidental to such participation in any and all such activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless SMSL, its officers, board of directors, coaches, assistant coaches and any person acting by or on behalf of SMSL for any claim arising out of or in any way connected with injury the child may receive while participating in any such activities. I also grant permission for persons associated with SMSL to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participating in activities away from home or at any other time when neither parent or guardian is available to grant authorization for medical treatment.

Signature: _____ Date: _____

We appreciate your help!

_____ I will serve as Commissioner (Mom/Dad)

_____ I am interested in Coaching (Mom/Dad) _____ I am interested in Assistant Coaching _____ (Mom/Dad)

(Registered Storm select players may play rec soccer this fall at no charge.)

**CHECK OUR WEBSITE TO REGISTER ONLINE,
VIEW SOCCER UPDATES, ROSTERS, SCHEDULES,
EVENTS, RULES, AND OTHER INFORMATION.**

WEBSITE: <http://www.signalmountainsoccer.com>

Player Fee:	\$80.00
Add \$10 if postmarked after August 20th	
** Add \$5 for Players Clinic on August 28th **	
Total Fee Paid	-----