

Signal Mountain Soccer League Registration Form

P.O. Box 267 Signal Mountain, TN 37377

www.signalmountainsoccer.com

****Walk-in registration: Saturday March 10, 2012 from 9:30am – 1pm at the Soccer Pavilion****

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 March 10th*. There is a late charge of \$10 if not postmarked by deadline of March 10th. For registration questions please feel free to call Karen Barrett at 423-667-5654.

- For U12 and older players, teams will play in the County League which will begin in early March.
- Make checks payable to SMSL & send to: SMSL, Box 267, Signal Mountain, TN 37377.
- Age brackets "Under 6" thru "Under 10" will be co-ed and games will be played on Sunday afternoons after 1pm.
- Our season begins Sunday March 25th and is estimated to end May 20th. There will be no games on Easter Day.
- SMSL will provide your soccer jersey. Players must wear shin guards and cleats for all practices and games.
- There is a maximum family charge of \$200. (After March 10th add \$10 per child.)

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: _____ Played in Fall '11 with SMSL? Yes / No

Does your child play on a select team? _____

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 volunteering to help work on the fields

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

**CHECK OUR WEBSITE TO REGISTER ONLINE,
VIEW SOCCER UPDATES, ROSTERS, SCHEDULES,
EVENTS, RULES, AND OTHER INFORMATION.
WEBSITE: <http://www.signalmountainsoccer.com>**

Fee:

New Player: \$80.00

Returning Fall '11 Player: \$70.00

Add \$10 if postmarked after March 10th

Total Fee Paid
