

## Signal Mountain Soccer League Registration Form

P.O. Box 267 Signal Mountain, TN 37377

[www.signalmountainsoccer.com](http://www.signalmountainsoccer.com)

**\*\*Walk-in registration: February 20<sup>th</sup>, 2010 from 9am – 1pm at the Signal Mountain Town Hall\*\***

Please register online at [www.signalmountainsoccer.com](http://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 February 20<sup>th</sup>*. There is a late charge of \$10 if not postmarked by deadline of February 20<sup>th</sup>.

- 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.
- Our season begins Sunday March 21<sup>st</sup> and ends May 16<sup>th</sup>. There will be no games on Easter Day. SMSL will provide your soccer jersey. Players must wear shin guards for all practices and games.
- **Player evaluations for U8 and U10 players will be held on February 28<sup>th</sup> at 1:00pm at the soccer fields.**
- There is a maximum family charge of \$200. (After February 20<sup>th</sup> 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 '09 with SMSL? Yes / No

Parent comments: \_\_\_\_\_

(Reasonable requests will be honored, however, keep in mind that: Player Requests– child may be playing in different age group. Coach Requests– might not be honored due to drafts. Please note if your child is playing up and in what age group)

### 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 league activities. I assume all risks and hazards incidental to such participation in any and all league activities, including but not limited to transportation to and from 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 SMSL 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 SMSL 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)

**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 '09 Player: \$70.00

**\*\*Add \$10 if postmarked after Feb 20<sup>th</sup>\*\***

**Total Fee Paid** \_\_\_\_\_