TEAM/COACH ssociation of on ndependence Leave blank if unknown or new to SAI Teammate Request Not guaranteed, subject to roster availability and age division Is a parent or other family member willing to help if needed? Coach Assistant Coach Team Manager All coaches are volunteers. Depending on current team availability new teams may need to be formed. if so, coaches may be needed. See website for info about coaching. Age Division ☐ U4 born in 2014 Player's First Name Last Name ☐ U5 born in 2013 ☐ U6 born in 2012 Age _____ Birth Date (MM/DD/YY) _____ □ Male □ Female □ Female □ No Preference ☐ U7 born in 2011 ☐ U8 born in 2010 Players may play up in age but never down. Occasionally it is necessary to assign players to the next age up based on availability. □ U9 born in 2009 ☐ U10 born in 2008 $U4-U6 \ Only - T$ -shirt Size $\Box Y$ outh $\Box Adult \ \Box XS \ \Box S \ \Box M \ \Box L$ (Uniforms separate for U7-HS) ☐ U11 born in 2007 Is this player also rostered ☐ U12 born in 2006 ☐ Played Previously with SAI ☐ New to SAI this season with another league this ☐ U13 born in 2005 Skip the rest of this box if returning to same team. Copy of official issued birth certificate required. season? ☐ Yes ☐ No ☐ U14 born in 2004 ☐ Played in Other League _____ ☐ U15 born in 2003 If yes, what is the other ☐ U16 born in 2002 ☐ Beginner ☐ Recreational Years Experience _____ league? ☐ U17 born in 2001 ☐ Intermediate ☐ Competitive ☐ U18 born in 2000 Position Helps determine placement Advanced SAI is ☐ Primary ☐ Secondary ☐ U19 born in 1999 If competitive/advanced (le; offense, goalie, etc.) Subject to availability and/or tryouts. **Primary Contact for Soccer:** ☐ Mom ☐ Dad ☐ Stepparent ☐ Other (please provide one that will be checked, we will use it) Name _____ Address Home Phone _____ Work City _____ State ____ Zip ____ □Home Alt. Phone ______ School (if Pre-K list elementary they will attend) Additional Contact for Soccer: Siblings registered with SAI (names & ages/teams if known): ☐ Mom ☐ Dad ☐ Stepparent ☐ Other □Home Special Requests: (Can't practice on a certain day, request next age level, etc.) □Home Alt. Phone _____ Phone Relationship Emergency Contact ★ PARENT SIGNATURE Liability Release: I, the above signed parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I future grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program. SOCCER League Use Only ☐ 3rd + Child ☐ Dual Roster Birth Cert. ☐ Check#_____ □ Paid in Full ☐ Fee Waiver - Letter Rcvd Y N ☐ On file ☐ Signups ☐ Drop Box □ Balance ____ □ CC____ ☐ Coach Choice _____ ☐ Received Date _____ Name on Check/Card _____

☐ Multiple Players on one check/transaction

□ Need

League Rep