

SIoux FALLS ADULT COED SOCCER LEAGUES TEAM APPLICATION

This Application must be turned in by March 3rd for entry into season.



Individual Players Fees for Spring/Summer Season

Fee must be received by office for a player to be placed on Team Roster

EARLY DEADLINE: Mar 7th Full Pay \$100.00 or Partial Pay \$55 (next payment of \$55.00 due by Apr 4th)

REGULAR DEADLINE: Mar 14th Full Pay \$105.00 or Partial Pay \$60.00 (next payment of \$60.00 Apr 11th)

LATE DEADLINE: AFTER Mar 21st 8:00pm: Full Pay \$110.00 or Partial Pay \$65.00 (next payment of \$65.00 Apr 18th)

New Players- \$25.00 U.S. Insurance Fee per person

*New Teams Only- Completed Team Roster & **\$90.00 *Bond Fee** (*Cash/Cashiers Ck only for Bond)

PLEASE PRINT!

TEAM NAME: _____

COACH NAME: _____ GENDER: _____

CELL PHONE: (____) _____ WORK PHONE: (____) _____

Text Messaging Service for Coaches Information- Text to # 368674 with this message: sfbiz SFASLCOACHES

EMAIL ADDRESS: _____

All SF Adult Soccer Information is sent via Email, Texting Service or Facebook GROUP.

UNIFORM COLORS: _____

TEAM LEVEL: (Circle One) COMPETITIVE (A/B) INTERMEDIATE (B) INTERMEDIATE (B/C) ENTRY (C/D/E)

Please indicate any new player's names you will be adding/subtracting to your team roster for this season-

I, the undersigned coach, understand and accept the following conditions:

1. All team players must sign the 2010-2011 SFASL Team Roster with their own legal signature and paid fees before being allowed to play. This shows that the players have read and agreed to the SFASL release wavier/Team Roster.
2. All rostered players must provide a legal birth date when registering and a copy of Driver's License. If needed, the Sioux Falls Adult League Staff may ask to see a copy of the player's birth certificate to verify legal age.
3. All rostered players must sign a US Amateur Soccer Insurance form with their own legal signature and provided accurate information before being allowed to play. Insurance coverage is from September 01, 2010 thru August 31, 2011.
4. All rostered players must have a valid, current Player Card before being allowed to play in any of the SFASL games.
5. That I and my team will abide by all the rules and laws of the game as determined by FIFA, Sioux Falls Adult Co-Ed Leagues, USASA.
6. That it is understood and agreed that any team fees are the sole responsibility of the designated team coach, and that the coach will be held legally accountable for any and all debt accrued with the Sioux Falls Co-Ed Leagues.

COACH SIGNATURE: _____

OFFICE USE ONLY- DATE RECEIVED- _____ STAFF MEMBER INITIALS- _____ LEAGUE LEVEL- _____

CHECK NUMBER _____