



Fall 2018 Registration Form

We will be holding one In-Person Registration on Saturday, May 19th from 8am - noon
 Locations: Sunman Town Hall & All Saints Preschool - Dover/St. John's (in the snack room)
 Registration Fees: \$90/player - Families w/multiple players pay \$90 for 1st player & \$40/add'l player
 Registrations submitted before June 1st will receive a \$10 Discount/player with a max. discount of \$30/family

You can also register online at
 www.sunmanareasoccer.com or mail your
 registration forms & payment to:
 SASA | PO Box 305 | Sunman, IN 47041

Please contact us via
 sunmansoccer@gmail.com or Follow us on Facebook -
 Sunman Area Soccer Association
 for questions & other information

IMPORTANT: ALL REGISTRATIONS MUST BE COMPLETED & TURNED IN W/PAYMENTS BY JUNE 10TH IN ORDER TO GET TEAMS SELECTED, GAMES SCHEDULED & UNIFORMS ORDERED AS SOON AS POSSIBLE.

Note: If interested in coaching, helping w/field maintenance, grounds clean-up after games & practices, working in concession stand, etc. please contact us on Facebook or via email. This league runs on volunteers, help is much needed & greatly appreciated!

****Remember that you can receive a portion of your registration fees (up to \$40) back by volunteering your time or coaching****

Please fill out and return this bottom portion with your payment to the above address

Parents' Names _____ Home Phone # _____
 Email #1 _____ Cell Phone #1 _____
 Email #2 _____ Cell Phone #2 _____
 Address _____ City, State Zip _____

Player(s) Name(s) (legal name)	Gender (M/F)	Date of Birth	Age turning in 2018	Grade entering in 2018	Uniform Size (indicate youth/adult)		Comments, medical conditions, etc.
					Shirt	Shorts	
Preferred Name:							
Preferred Name:							
Preferred Name:							
Preferred Name:							
Preferred Name:							

We, the parents of the child or children listed above, give permission for emergency medical treatment of our child or children for illness or accident, if we cannot be contacted. We hereby agree that the Sunman Area Soccer Association (SASA), it's members, coaches or officers, the Indiana Soccer Association, and the Sunman Dearborn Schools shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SASA, and we agree to indemnify and hold harmless SASA, it's members or designates of any kind from any claim whatsoever.

Parent/Guardian Signature _____ Date _____

VOLUNTEER SECTION (PLEASE SELECT FROM THE FOLLOWING AREAS)			NAME _____
PHONE # (REQ.) _____			EMAIL (REQ.) _____
BOARD MEMBER <input type="checkbox"/>	CONCESSIONS <input type="checkbox"/>		CLEAN UP (AFTER GAMES/PRACTICES) <input type="checkbox"/>
COACH <input type="checkbox"/>	REFEREE <input type="checkbox"/>		FIELD CREW <input type="checkbox"/>
ASSISTANT COACH <input type="checkbox"/>	OTHER <input type="checkbox"/>		

Sunman Area Soccer Association
 PO Box 305
 Sunman, IN 47041
 www.sunmanareasoccer.com
 sunmansoccer@gmail.com

First Player Reg. Amount (\$90 1st player) \$ _____
 Family Discount Price (\$40/add'l player) \$ _____
 Early Registration Discount \$ _____
 (\$10 discount/player - max \$30 discount per family prior to June 1st)
 Total Amount Enclosed \$ _____