

SCOTTSVILLE ATHLETIC ASSOCIATION

Est. 1997

P.O. BOX 183 SCOTTSVILLE, NY 14546

SAA 2011 Youth Program Registration

- Soccer -



VISIT SAA ON THE WORLD WIDE WEB AT:
WWW.SCOTTSVILLEATHLETIC.ORG

Summer Soccer Registration - Sign up

Dates: 1/29/11 3/12/11 9:30am to 12:00pm
2/12/11 4/9/11

Location: American Legion Post, 61 Main Street

Summer Soccer registration closes on: 4/15/11,
Practice starts on: 5/2/11 (confirm with your Coach)

Soccer Registration Fees

Early Regular

Please circle the Program you are registering for.

Tykes (age 4*-6).....	\$ 40.00	\$ 60.00
Intertown U8 (age 7 - 8).....	\$ 70.00	\$ 90.00
Intertown U10 (age 9-10).....	\$ 85.00	\$ 105.00
Intertown U12 (age 11-12).....	\$ 85.00	\$ 105.00
Intertown U15 (age 13-14).....	\$ 85.00	\$ 105.00
Intertown U19 (age 15-18).....	\$ 85.00	\$ 105.00
Travel (U11, U13, U15, U17).....	\$ 300.00	

* Must be Kindergarten eligible.

EARLY fees apply for registrations received by April 15, 2011.

REGULAR fees apply after April 15, 2011.

Amount

Fee		_____
Select	+	_____
Other	+	_____
Subtotal		_____
Discount	-	_____
Total Fee		=====

SAA Use Only

Reg #:	_____
Related #:	_____
Amt Paid:	_____
Other:	_____
Check #:	_____
Rec'd By:	_____

Discount - \$ 10.00 for each registration after two full fees paid for same program.

Returned Check Fee - \$ 25.00 SAA processing fee applied for each returned check.

Volunteer Help (circle at least one): Head Coach Asst Coach Umpire/Ref Committee Other

Child Name: _____ Date of Birth: _____

Male: ____ Female: ____ E-mail address: _____

Address: _____ City: _____ Zip: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

Physical Limitations (if any): _____

Parent / Guardian Name: _____

I the parent/guardian of the above named child, hereby give my approval to participate in any and all program activities, including transportation to and from the activities. I know that participation in these programs may result in serious injuries and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Scottsville Athletic Association, Inc. (SAA), the organizers, supervisors, participants and persons transporting my child whether the result of negligence or any other cause, except to the extent and in the amount covered by insurance. I authorize SAA and its representatives to seek and obtain medical aid for the above named child if such child should sustain an injury while participating in an SAA Program and in their judgment such action is warranted.

Parent/Guardian Signature: _____

** SAA accepts specific team and/or coach requests, but cannot guarantee placement. SAA reserves the right for player team and/or coach assignment. SAA reserves the right to utilize pictures of participants for SAA Program promotion (i.e., SAA web site, sponsor plaques).