



Season: Fall / Spring: _____

STSA TRAVEL REGISTRATION FORM

Saginaw Township Soccer Association
Saginaw, MI 48603

Player information

Player's Name: _____ Date of Birth: _____

Address: _____ Sex: Male Female (circle one)

_____ School: _____

Parent(s) Name(s): _____ Phone: _____

Email address: _____ Alternate Phone: _____

Volunteer Opportunities (Please volunteer for one or more areas):

I am interested in participating with my child in the following position(s):

- Field Marshall Tournament Volunteer

Waiver, Release, and Indemnification

My/Our child _____ has my/our permission to play competitive soccer in the Saginaw Township Soccer Association, Inc. (STSA) programs. In consideration of my child's acceptance to participate in STSA programs, I/We agree to release and hold harmless, indemnify and defend the STSA, its officers, employees, agents and assigns, from and against all claims, losses, damages, or lawsuits for damages, or any other claim which may arise as a result of any injury occurring to said child while participating in the program. I further understand that I am agreeing to indemnify and hold harmless the STSA, and all other persons mentioned above, from all claims which may be made by or on behalf of my child resulting from any injuries or damages allegedly incurred while participating in any STSA activities. I/We further agree that we will abide by the rules and regulations of the STSA, the Michigan State Youth Soccer Association, the United States Youth Soccer Association and the United States Soccer Federation.

Parent/Guardian's Signature _____ Date: _____

Travel Fees for U9 & U10 are \$ 600.00

This fee covers field and grounds upkeep, insurance through MSYSA, Referee fees (excluding State Cup), League fees (Fall & Spring), Speed & Agility Training, Required Winter Training, and Saginaw Soccer Classic Tournament fee.

Uniforms are not covered in this fee.

UNIFORMS WILL BE ORDERED ON-LINE — ASK YOUR COACH FOR DETAILS!

Any registration fees/forms submitted AFTER the posted registration due date will be assessed a \$25 per player late fee.

***** Do not write below this line — for STSA use only ***** Do not write below this line — for STSA use only *****

Fees Paid \$ _____ Check # _____ Date: _____

TEAM NAME: _____ **COACH:** _____