

**REGISTRATION FORM**  
**ST. ALBERT SOCCER ASSOCIATION**  
**MEN'S MASTERS RECREATIONAL LEAGUE**

No 00000

61 Riel Drive, St. Albert, AB T8N 5B3  
 phone: 458-8973 fax: 458-8994  
[www.stalbertsoccer.com](http://www.stalbertsoccer.com)

**Complete One Form Per Player –Press Firmly**

P L E A S E  P R I N T	Date _____, 2009	Birth Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
			Yr	Mo.	Day					
	Name _____	_____	AHC Number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last	First								
	Address _____									
			Number	/	Street	/	Postal Code			
Phone (H) _____		(Cell) _____		(E-mail) _____						
(B) _____										
					Signature of Player					
Emergency Contact Name					Emergency Phone Number					

**PLAYER INFORMATION**

Number of Years in Organized League: Outdoor \_\_\_\_\_ Indoor \_\_\_\_\_

Playing position(s) preferred (please check): Forward  Midfield  Defense  Goalie

Medical Conditions or Allergies (please state): \_\_\_\_\_

*NOTE: The St. Albert Men's Masters Recreational Soccer League (SAMMRSL) provides players over the age of 35 years with an opportunity to play in a recreational league which emphasizes quality of play and sportsmanship rather than competitive standing. There is a zero tolerance policy designed to deter violent and unsportsmanlike conduct. By applying to register, the player undertakes to thoroughly familiarize himself with the laws of the game and the league by-laws (see league website [www.sammsoccer.com](http://www.sammsoccer.com)) governing player and team conduct, and to abide by them.*

*Players residing outside of St. Albert will not be eligible to play until they have been released by their District Association and been issued a Player Registration Number (PRN) by the SAMMRSL. Unless otherwise advised, the SAMMRSL will try to obtain this release on behalf of the applicant.*

I acknowledge and agree to abide by these terms: \_\_\_\_\_  
 Player signature

**Registration Fee Paid**

Amount Paid \$ \_\_\_\_\_ \$ \_\_\_\_\_ Cash  Cheque  Credit  Approved by \_\_\_\_\_  
 Reg. Fees Equipment # \_\_\_\_\_ \$10.00 charge for NSF cheques

**PARTICIPATION IS AT YOUR OWN RISK. PLEASE SUBMIT:**

- a. A SCAN (PREFABLE) OR PHOTOCOPY OF YOUR DRIVER'S LICENSE ALONG WITH A SCAN OF THIS FORM SO THAT A PLAYER IDENTIFICATION CARD (PIC) CAN BE ISSUED.
- b. THIS INFO. TO BE SUBMITTED TO DE-ANNA BAILEY, SAMMRSL REGISTRAR AT THE FOLLOW EMAIL ADDRESS ([deanna.bailey@firsttruck.ca](mailto:deanna.bailey@firsttruck.ca))