

Date Paid: _____

Method: Cash (Amount: _____)

Check (Check # _____)

AGE: _____

WEIGHT: _____

TEAM: _____

SAA

SOUTHERN ATHLETIC ASSOCIATION FOOTBALL REGISTRATION

Player's Name: _____ DOB: _____

Address: _____

Home Phone: (_____) _____

Father's Name: _____ Cell: (_____) _____

Mother's Name: _____ Cell: (_____) _____

Health Insurance Company: _____ Policy #: _____

E-mail(s): _____

Have you ever played before? _____ If yes, for what team: _____

School Attending: _____ Grade going into: _____

Emergency Contact Information: _____ Phone: (_____) _____

I am interested in Volunteering

I am interested in Coaching

PLAYER AGREEMENT:

I hereby register as a player for the Southern Athletic Association (SAA). I promise to obey all rules and regulations of the team. I understand that disciplinary action will be taken if I break any rules or if I exhibit any unsportsmanlike conduct before, during, or after any game. I am aware that SAA is not responsible for any injury to myself, or loss/damage to my property or equipment.

PLAYER'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN RELEASE:

I/We give permission for the above named person to play football in the SAA organization. I/We assume full responsibility for all loaned equipment and will ensure its return at a date and place identified by SAA. In consideration of the above named player being registered with SAA, I/We hereby forever release, discharge, and hold harmless the SAA organization, its coaches, officers, and representatives from any liability for injury, loss, or damage sustained by the above named player. No player is eligible for a refund.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

There will be a \$150 Deposit Check required to receive any Equipment. Collected when issued.

**EARLY BIRD SPECIAL: \$150.00 BY OR BEFORE 6/30/10
\$175.00 FROM 7/1/10 – 7/31/10. \$200.00 AFTER 7/31/10
REGISTRATION FEE PAYS FOR:**

Usage of helmet, practice & game pants w/pads,
shoulder pads, mouthpiece, and game socks!

**FUNDRAISER & CONCESSION
PROCEEDS GO TO:**

AACo. Team Registration Fees,
Referees & Equipment / Field Supplies

BE A BULLDOG!

Please mail forms to: SAA Football, P.O. Box 261, West River, MD 20778
Any questions, please contact Mike Thomas: 443-336-6672, or getmet@comcast.net
or Curt Holland, 443-822-7373, or curt3220@yahoo.com

