

In cooperation with the Topeka Sports Factory

WINTER 2015 RECREATIONAL PLAYER REGISTRATION FORM

Sunflower Soccer Association

P.O. Box 750194 Topeka, Kansas 66675 (785) 233-9700 FAX: (785) 233-0135 www.sunflowersoccer.org
(Fee information and registration deadlines available on reverse side of form)

PLAYER LAST NAME: **PLAYER** FIRST NAME: SEX: M OR F (CIRCLE ONE)

ADDRESS: CITY: STATE: ZIP:

PRIMARY PHONE NUMBER: PRIMARY EMAIL:

*BIRTH DATE: SCHOOL (NOT PRESCHOOL): GRADE:
(PLEASE LIST SCHOOL CHILD ATTENDS OR WILL ATTEND) (AS OF AUGUST 2014)

ALL NEW PLAYERS MUST PROVIDE A COPY OF A STATE CERTIFIED BIRTH CERTIFICATE. HOSPITAL BIRTH ANNOUNCEMENTS ARE NOT ACCEPTED

PARENT/GUARDIAN: ADDRESS:
(ONE NAME ONLY, PLEASE) (COMPLETE ADDRESS, IF DIFFERENT FROM CHILD'S)

CELL PHONE: E-MAIL ADDRESS:

PLACE OF EMPLOYMENT: WORK PHONE:

PARENT/GUARDIAN: ADDRESS:
(ONE NAME ONLY, PLEASE) (COMPLETE ADDRESS, IF DIFFERENT FROM CHILD'S)

CELL PHONE: E-MAIL ADDRESS:

PLACE OF EMPLOYMENT: WORK PHONE:

PLAYED PREVIOUSLY WITH SSA? YES NO LAST SEASON: _____ LAST TEAM:

PARENTAL SUPPORT (INDICATE "M" FOR MOTHER OR "F" FOR FATHER.)

_____ Coach _____ Asst. Coach _____ Field Workday _____ Board of Trustees _____ Soccer Tournament _____ Board Nominating Committee

Please consider coaching as we rely on volunteers as coaches for our teams. If your child's team does not have a coach, they may not be able to play

PARENTAL/GUARDIAN CONSENT: I (we) the undersigned parent(s)/guardian(s) of the above-named player do agree and give my/our permission for his/her participation on a Sunflower Soccer team. I (we) hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. I (we) understand that every effort will be taken to insure the safety of every child, but also acknowledge that there are certain inherent risks involved in playing soccer, and that some injuries may occur. I (we) acknowledge that Sunflower Soccer requires the use of shin-guards by all players. I (we), also agree to abide by the Sunflower Soccer "code of conduct" for coaches, parents and spectators. I (we) agree that the employees, officers, directors, and coaches of Sunflower Soccer shall not be held liable or responsible for accidents or injuries occurring during practice sessions, games or other soccer activities. I (we) understand that participation constitutes my/our approval for the use of photographs for publicity and promotion of Sunflower Soccer Association.

SIGNATURE OF PARENT/GUARDIAN: _____

WE ACCEPT MASTER CARD, VISA & DISCOVER: IF YOU WOULD LIKE TO USE THIS SERVICE PLEASE PROVIDE THE FOLLOWING INFORMATION

CARD NUMBER: SIGNATURE: _____

EXPIRATION DATE: _____ BILLING ZIP CODE: _____ PRINT NAME: _____

REGISTRATION FEE IS \$45 AND IS DUE DECEMBER 4, 2014

FOR SSA OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

DATE REC'D _____ REC'D BY _____ \$ _____ CHECK/CASH CHECK # _____ TEAM _____

FINAL REGISTRATION DEADLINE IS DECEMBER 4, 2014

WINTER 2015 RECREATIONAL SOCCER

Registration Information:

- ☺ Program available to youth who are no younger than four and no older than 13 on or before 7/31/14
- ☺ A photocopy of a state certified birth certificate must be included for all first time players (hospital birth announcements are not acceptable)
- ☺ Registration forms WILL be returned for the following reasons:
 - Registration form is not signed
 - Incorrect fees are sent
 - Required documentation is not included
- ☺ Mail to Sunflower Soccer Association, P.O. Box 750194, Topeka, KS 66675
- ☺ Due to roster limitations, we cannot guarantee placement for all those who submit a registration form. If we are unable to place a player we will issue a full refund
- ☺ Registrations received after the final registration deadline will be placed in a pool and assigned on a first come/first serve basis, this includes returning players

General Information:

1. The indoor season will begin on January 10, 2015 and concludes on February 14, 2015
2. We will play a 6 game season with games on Saturdays at The Sports Factory. There will be **no** reschedules for these games
3. We will play 4 v 4 with an 8 player roster limit
4. A coach will contact players approximately 2 weeks before the season starts
5. Games schedules will be posted on our website www.sunflowersoccer.org
6. Uniforms will NOT be provided for this league. Pennies will be provided for each team at game time
7. All players are required to wear shin guards and socks that cover them. Cleats are NOT allowed
8. You may NOT request a coach for your child. Teams will be formed by Sunflower Soccer. Current outdoor players will be placed with their team on a first-come, first serve basis. No more than 8 players allowed per team
9. **Teams will not be practicing. This is an opportunity for continued soccer experience through the winter**

Refund Policy: To receive a refund, please submit a written request (email is acceptable) to our office, prior to the first Saturday of scheduled league games. An administrative fee of \$15 will be assessed to the refund. No refunds will be given after the season starts.

Directions to The Sports Factory: Go south on Topeka Blvd. past 57th Street to University Blvd and turn right. Follow University back south past Pauline Central to Forbes Golf Course. Turn left into the Golf Course. Look for the big white building with the blue roof south of the clubhouse.