

FINAL REGISTRATION DEADLINE IS JULY 1, 2010

FEE INFORMATION

Mini Kicker

- This level is for players who are age 4 or 5 on or before July 31, 2010
- Players who turn 4 in the month of August are eligible to play.
- Fee is \$50 if postmarked on or before June 3, 2010
- Fee is \$65 if postmarked June 4 - July 1, 2010
- Signed registration form must accompany fee. Fee and form will be returned if not signed.
- Deadline is July 1, 2010

Recreational

- This level is for players who are age 6 - 13 on or before July 31, 2010
- Fee is \$65 if postmarked on or before June 3, 2010
- Fee is \$80 if postmarked June 4 - July 1, 2010
- Signed registration form must accompany fee. Fee and form will be returned if not signed.
- U13/U14 players will be registered in a coed division

PLEASE NOTE THAT \$5.00 FROM EACH REGISTRATION WILL BE DESIGNATED TOWARDS FACILITY IMPROVEMENTS!

Registration Information:

- Program available to youth who are no younger than four and no older than 13 on or before 7/31/09.
- A photocopy of a state certified birth certificate must be included for all first time players.
- Hospital birth announcements are not acceptable.
- Registration form and payment 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 served basis.

General Information:

- The fall season begins in late August and is complete by mid October
- The spring season begins in early March and is complete by late April
- A coach will contact players with practice information approximately 2 weeks before the season starts
- Game schedules will be posted on our website @ www.sunflowersoccer.org
- Players receive a new uniform each fall. If a child does not play in the fall they will receive a uniform in the spring. If a player is assigned to a different team in the spring a new uniform will be provided. The cost is included in the registration fee. A fee may be charged for replacement jerseys.
- All players are required to wear shin guards and socks that cover them.
- You may NOT request a coach for your child, but you may request that he/she play with a friend

Refund Policy:

To receive a refund, please submit a written request 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.

In cooperation with the City of Topeka, Parks and Recreation Department

FALL 2010 RECREATIONAL PLAYER REGISTRATION FORM

Sunflower Soccer Association

P.O. Box 750194 • Topeka, Kansas 66675 • (785) 233-9700 • 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: _____

BIRTH DATE: _____ TELEPHONE: _____

SCHOOL (NOT PRESCHOOL): _____ GRADE: _____ **MOTHERS MONTH & DAY OF BIRTH:** _____
(PLEASE LIST SCHOOL CHILD ATTENDS OR WILL ATTEND) (AUGUST 2010) (KS YOUTH SOCCER REQUIRES THIS FOR REGISTRATION PURPOSES)

PARENT/GUARDIAN: _____ HOME PHONE: _____
(ONE NAME ONLY, PLEASE) (IF DIFFERENT FROM CHILDS)

ADDRESS: _____
(COMPLETE ADDRESS, INCLUDING CITY, STATE & ZIP, IF DIFFERENT FROM CHILDS)

CELL PHONE: _____ E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

PARENT/GUARDIAN: _____ HOME PHONE: _____
(ONE NAME ONLY, PLEASE) (IF DIFFERENT FROM CHILDS)

ADDRESS: _____
(COMPLETE ADDRESS, INCLUDING CITY, STATE & ZIP, IF DIFFERENT FROM CHILDS)

CELL PHONE: _____ E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

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

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

_____ PLEASE CHECK HERE IF YOU WOULD LIKE YOUR RECREATIONAL PLAYER ASSIGNED TO A DIFFERENT TEAM FOR THE FALL 2010 SEASON.
PLAYERS MAY NOT REQUEST A SPECIFIC COACH.

UNIFORM SIZES (PLEASE CIRCLE)	Shirt size	YXS	YS	YM	YL	AS	AM	AL	AXL
	Short size	YXS	YS	YM	YL	AS	AM	AL	AXL

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

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

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 MASTERCARD & VISA! IF YOU WOULD LIKE TO USE THIS SERVICE PLEASE PROVIDE THE FOLLOWING INFORMATION:

CARD NUMBER: _____ EXPIRATION DATE: _____ SIGNATURE: _____

FOR SSA OFFICE USE ONLY – DO NOT WRITE IN THIS AREA
DATE REC'D _____ REC'D BY _____ \$ _____ CHECK /CASH CHECK # _____