

Administration Office

1870 Lorne Street,
Regina, Saskatchewan, S4P 2L7
Phone: (306) 780-9225
Fax: (306) 780-9480



Technical Office

Sasktel Soccer Ctr, 150 Nelson Rd
Saskatoon, Saskatchewan, S7S 1P5
Phone: (306) 975-0862
Fax: (306) 975-0863

Website: www.sasksoccer.com

2011-2012 Rivers West Center of Excellence Winter Training Program Player Identification Registration Form

Please submit all completed registration forms & fees to:

Joan Nash, Technical Administrator
Saskatchewan Soccer Association
150 Nelson Road, Saskatoon, SK S7S 1P5
Telephone: 306-975-0862
Fax: 306-975-0863
Email: j.nash@sasksoccer.com

Registration Fee - \$20.00 per participant

Methods of payment accepted: Cash, Credit Card and Cheque (payable to "Saskatchewan Soccer Association")

Registration Deadline – October 19, 2011

Any late registration will be assessed an additional fee of \$15.00
On-site registrations will not be accepted on the day of the evaluation

Identification Day – October 22, 2011

PLAYER INFORMATION

Name: _____ DOB (day/month/year): _____

Address: _____

City: _____ Postal Code: _____

Phone (H): _____ E-Mail: _____

Gender: Male or Female (Circle One) Club/Team: _____

Known Medical Conditions: _____

Age Group (CIRCLE PLEASE):

JR GROUP U8,9,10 BOYS SASK SUMMER GAMES U11,12,13 BOYS SR GROUP U14,15,16 BOYS
JR GROUP U8,9,10 GIRLS SASK SUMMER GAMES U11,12,13 GIRLS SR GROUP U14,15,16 GIRLS

PARENT INFORMATION

Parent's Name: _____ Parent's E- Mail: _____

Signature: _____
(By signing above, I release my child to participate in the Sask Soccer Rivers West Center of Excellence Identification)

Parent/Guardian Emergency Contact Information:

(h) Phone: _____ (w) phone: _____ (c) phone: _____

For Office Use Only

Date Received: _____ Payment Method: _____

Receipt Number: _____ Staff Name: _____