

PLAYER NAME \_\_\_\_\_  
DOB \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_ SEX M F  
T-shirt size? (Child) Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ or  
(Adult) Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_

\*\* If you would like to order yourself a team shirt for the adults please indicate the size you would like. Please add \$12.00 dollars

Any day & time you cannot practice \_\_\_\_\_  
Practices will be Monday – Thursday Prek teams will practice on Friday's  
All 3<sup>rd</sup>-6<sup>th</sup> grade teams will practice together on Tuesday's 2:45-4:00

\*\*\*If you are doing junior Cross Country this will **not** interfere with it

**Sponsor \$100.00 (please see back)** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Player's Guardian \_\_\_\_\_ Ph \_\_\_\_\_  
WORK PH# \_\_\_\_\_ CELL# \_\_\_\_\_  
Employer \_\_\_\_\_ Ph# \_\_\_\_\_  
Address \_\_\_\_\_  
Physician \_\_\_\_\_ Ph# \_\_\_\_\_  
Health Insurance Co \_\_\_\_\_ Policy# \_\_\_\_\_

**Parent or Guardian Authorization and Waiver of Liability**

For and in consideration of the above child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the child and the child's parents, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless the Diocese of St. Augustine, Felipe J. Estevez, as Bishop of St. Augustine, a corporation sole, Bishop Felipe J. Estevez, individually, and the above named diocesan entity, all organizers of this program, all volunteers, chaperones, employees and agents of the said parties, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above program, any activities of the program, and while being transported to and from the program. The undersigned agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian or legal representative, further acknowledges that he / she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this program to obtain medical treatment for my child in the unlikely event of an injury or illness during this program and I agree to pay any expenses incurred for such treatment

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN Date

\*\*\*Email: \_\_\_\_\_  
Please Note: All attempts will be made to divide teams equally according to player's age, ability and experience.  
\*\*\*\*NO team requests

\*\*Evaluations will be done during PE class for Assumption Students

**Cost is \$80.00 – includes a team t-shirt with number**

**Make checks payable to: Assumption Catholic Church**  
**DATES TO REMEMBER**

Registration starts – August 13<sup>th</sup>, 2019

Registration ends – August 29<sup>th</sup>

Season starts – September 13<sup>th</sup> (subject to change)

**The ASL (Assumption Soccer League) is run by volunteers and each parent/guardian will be asked to participate. Please indicate your areas of interest.**

**\* This will count towards service hours needed at Assumption**

**Head or Asst. Coach \_\_\_\_\_ (name)**

**Concession Stand \_\_\_\_\_ (name)**

**Referees \_\_\_\_\_ (name)**

**No experience necessary for all Volunteer positions**

**All Coaches must complete Protecting God's Children course and finger printing must be done by Live Scan**

**Return registration form to Assumption School office or mail to:**  
**Tony Polster - Athletics**  
**2431 Atlantic Blvd**  
**Jacksonville, FL 32207**

**If you have any questions please do not hesitate to call Coach Tony Polster at 904-398-1774 ex. 209 or email at [Apolster@assumptionjax.org](mailto:Apolster@assumptionjax.org)**

Games will be played at 5:00 or 6:00. We will play 8 games depending on the school calendar. We will try to have as many games as possible on Friday's.

Dear Potential Sponsor:

The goal of the Assumption Athletic Association's Fall Soccer League is to promote athletics and sportsmanship in a positive learning environment.

We provide basic instructional skills through a group of parent volunteers. Team Sponsors are also needed to make the program work. The sponsorship fee is \$100.00 per team.

To sponsor a team, please return the form with your check made out to: Assumption Catholic Church

Name of Business: \_\_\_\_\_  
(Business Name is placed on sponsor recognition board)

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone \_\_\_\_\_

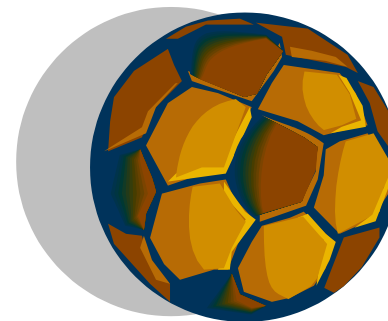
Name of Group/Business to be displayed on the back of t-shirt:  
\_\_\_\_\_

Please indicate if there is a particular team or individual you wish to sponsor:

\*Team/Age Group \_\_\_\_\_

\*Individual's Name \_\_\_\_\_

On behalf of the AAA, thank you for your interest in our youth soccer program. If you have further questions, please feel free to contact Tony Polster at 398-1774 ex 209 or [apolster@assumptionjax.org](mailto:apolster@assumptionjax.org)



# ASL

## Assumption Soccer League PreK2- 6<sup>th</sup>

### FALL 2019