



SOUTH AUSTRALIAN AMATEUR SOCCER LEAGUE INC. NEW PLAYER REGISTRATION FORM

Pass No:



(BLOCK letters please)

SURNAME:

GIVEN NAMES:

Email ADDRESS

DATE OF BIRTH: Mobile No.....

COUNTRY OF BIRTH:

ADDRESS:

I agree to play with the
(CLUB)

DECLARATION: In making this application I declare that all of the answers given by me are true and that I fully agree to play under the jurisdiction of the SA AMATEUR SOCCER LEAGUE INC and undertake at all times to obey the constitution and/or resolutions made by the SAASL, its appeal committee, its disciplinary committee, fair play and fair conduct, codes of conduct, accident fund and its referees.

Last club played for Year:
(CLUB NAME AND STATE)

Player signature: Date:

CLUB OFFICIAL DECLARATION: By signing below I hereby declare that, on behalf of the club, **I have sighted the above player's identification** and confirm that the details provided on this form are true and correct. I understand that if any details prove to be false and/or misleading, the club may be penalised in accordance with the League's Rules.

Club Official signature: Date:

Office Use Only

Date Lodged: SAASL

Comments: