



Providing a full range of quality soccer programs for all levels

St. Albert Soccer Association

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PLAYER MOVEMENT REQUEST

Date of request: _____

Name of Player: _____

Players YOB: _____

Requesting to play up to: _____

Reason for request (this information will be kept confidential):

Name and contact info of person making request:

By signing this request, I do hereby acknowledge and accept that my child will be playing with players up to 2 years older and bigger than him/herself. As the parent and/or guardian of the above-named player, I accept the liability and risk associated with soccer as a contact sport.

Parent/Guardian Signature

Date

All requests must be submitted to SASA's Technical Committee for review. Until the review is complete, players are expected to register within their age group.