

2011/12 Saskatchewan Soccer Association
Provincial Teams Program Registration Form



**PTP Identification Weekend:
December 16-18, 2011 (SaskTel Soccer Centre, Saskatoon)**

Registration Deadline: Friday, December 9/2011 by 5:00 pm

Any late registration will be assessed an additional fee of \$25.00 and will only be accepted up until 5:00 pm on pm on Wed, Dec. 14/2011. No late registrations accepted after this date and time. On-site registrations will not be accepted.

Registration Fees: \$150.00 (must accompany registration)

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

Saskatchewan Soccer Association Technical Office
c/o Joan Nash, Technical Sports Administrator
150 Nelson Road, Saskatoon S7S 1P5
Ph: 306-975-0862
Fax: 306-975-0863
Email: j.nash@sasksoccer.com

**The 2011/12 Provincial Teams Program (PTP) includes both a winter and summer component.
This event will be the only identification event for the 2011/12 Provincial Teams Program.**

PLAYER INFORMATION

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

Address: _____

City: _____ Postal Code: _____

Phone (H): _____ E-Mail: _____

Team/Club/Division: _____ Position: (1) _____ (2) _____

Known Medical Conditions (please note severity and if medication is required): _____

PTP group (check mark beside age group):

Training to Train – Year One (1999, *2000): Male _____ Female _____

Training to Train – Year Two (1998) Male _____ Female _____

Training to Compete - Year One/Two (1995, 1996, 1997): Male _____ Female _____

*2000 birth year players must have a recommendation from their club/district/team to register

PARENT INFORMATION

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

Signature: _____

(By signing above, I hereby release my child to participate in the Provincial Teams Program)

Parent/Guardian Emergency Contact Information: work: _____ cell: _____

Do you require a receipt for this event fee payment: Yes No (circle one)

For Office Use Only

Date Received: _____ Payment Method: _____

Receipt Number: _____ Staff name: _____