

SAJSA - South Australian Junior Soccer Associations Inc. 2022 (Country)



ASSOCIATION: _____

AGE GROUP: _____

SHIRT NO.	SURNAME	GIVEN	EMAIL ADDRESS	DATE OF BIRTH	REG. NO.	PARENT/GUARDIAN SIGNATURE
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PARENT / GUARDIAN DECLARATION

Each Parent / Guardian by signing above, certifies that the player named on the form has their permission to play soccer in any competition organised by SAJSA,

or any member association, that arranges and runs an event on behalf of SAJSA. The Parent / Guardian further agrees that they will not hold the SAJSA, or any member Association, liable for any hospital or medical expenses that may be incurred as a result of injuries sustained whilst participating in said event.

FORM (A) COACH

MANAGER

REGISTRAR