



Adult Soccer League Free Agent Signup



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Player Eligibility: Players must be 18 years or older and must show two (2) valid forms of ID. Players will not be permitted to play until valid ID has been presented and approved. Exception for coed & women's: players must be 17 years old with a waiver signed by a parent and a parent participating on the same team.

Date ____/____/____

OFFICE USE ONLY

Member ID _____

How It Works

If you are unable to get with a team, and wish to be assigned to one, fill out and submit this form. Fill out a 2nd form if you want more than one team. We will look for an existing team that is in need of players OR create an in-house team and place you on it if: an open space for a team is available in a suitable division, OR a sufficient number of individual registrants have signed up, allowing us to create a team. NOTE: Placements are made on a first-registered, first-placed basis.

In order to play on a team, you must have a current Silver Creek Sportsplex membership.

Please select the day(s) and division(s) you are interested in:

Sunday WOMEN'S <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> D5	Monday COED <input type="checkbox"/> D6A <input type="checkbox"/> D6B <input type="checkbox"/> D7A <input type="checkbox"/> D7B	Tuesday MEN'S 35 & BETTER <input type="checkbox"/> D4 <input type="checkbox"/> D5 <input type="checkbox"/> D6 <input type="checkbox"/> D7
Wednesday MEN'S <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> D5 WOMEN'S <input type="checkbox"/> D4 <input type="checkbox"/> D5	Thursday MEN'S <input type="checkbox"/> D4 <input type="checkbox"/> D5 <input type="checkbox"/> D6 <input type="checkbox"/> D7	Friday COED <input type="checkbox"/> 35+ <input type="checkbox"/> D6A <input type="checkbox"/> D6B <input type="checkbox"/> D7A <input type="checkbox"/> D7B
		Saturday <input type="checkbox"/> FAMILY FUN

PARTICIPANT

First & last name: _____ Date of Birth: ____/____/____
 Email: _____ Gender: Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
 Are you currently a member? Yes No Type of player: Field Goalie
 Request to be placed with: _____
 I agree to the terms of the Free Agent placement process _____ Initials

OFFICE USE ONLY

Date received: _____ Staff: _____

Placement: Date _____ Division _____ Team _____ Day/Night _____