SOUTHWEST MICHIGAN MIDDLE SCHOOL SOCCER LEAGUE 2019 Boys' Fall Soccer Team Registration Form

Team Name:	Fiel	d Address:	
<u>Coaches / Contacts</u>		Email Address	<u>Cell Phone</u>
Admin/Manager:			
Coach:			
Asst Coach:			
School AD (Optional):			

Team Age (Circle / Highlight One):

6 th Grade	7 th & 8 th Grade	6 th , 7 th , & 8 th Grade

Estimated Team Skillset (Circle / Highlight One):

Developmental	Intermediate	Advanced		
(mostly inexperienced players)	(mix of inexperienced and experienced players)	(mostly experienced players)		
Your team will be scheduled with as many teams having the same skillset, in the same geographic location, as possible. If				

necessary, intermediate teams may be scheduled for a few games with developmental and/or advanced teams, but unless requested, advanced teams will not be scheduled with developmental teams.

(Optional) Please list teams, based on historical registrations, "rivalries", or high school schedules, your team requests to play:

• The league will determine all other opponents not included.

By completing this form, you agree to and acknowledge the following: The SMMSSL is in place to provide a commonality for scheduling middle school age soccer teams, and the team being registered for competition will follow the bylaws of the SMMSSL. Teams registered are independent from the SMMSSL and individually responsible for the management and wellbeing of coaches and players, including any individual/team/player eligibility requirements and/or medical issues.

Printed Name

Team Title (e.g. AD, Coordinator, Coach, etc.)

Signature

Date

Entry fees: <u>\$170.00</u>

Includes \$70 refundable deposit for schedule changes made after February 20, 2019; fees outlined in Article XII of bylaws.

To register, please return this form along with your check made payable to "SMMS Soccer League" for each team entered by July 11, 2019: SMMSSL Treasurer - 315 Harvest Ln - Holland, MI 49423