



<https://leagues.teamlinkt.com/sherrard/Home>

The **Sherrard Area Soccer League (SASL)** offers the opportunity for students in the [Sherrard School District](#) and surrounding areas, from Pre-Kindergarten through 8th grade, to play soccer each spring and fall.

**Eligible players are born between November 1, 2005 and September 1, 2015**

**Shin Guards REQUIRED**

**Registration Deadline is March 14th**

**Mail Registrations to:**

**Sherrard Area Soccer League  
PO Box 162  
Viola, IL 61486**

**Practice Schedule - @ Winola**

**only U12 @ Matherville**

**Practice Time: 5:30 to 7:00**

**Beginning Aug 19th**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	U12 U10		U12 U10		GAME
U14	U08 U06	U14	U08 U06		DAY

cut here - keep top part - return bottom to address above

1st Player: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Coach preferred: \_\_\_\_\_

Gender: M F

School: \_\_\_\_\_

Health problems, if any \_\_\_\_\_

**Practice Day:**

**U08 & U06 (circle one): Tuesday or Thursday**

Circle GRADE

Pre-K K 1 2 3 4 5 6 7 8

**TEAM**

U06

U08

U10

U12

U14

Save Money by  
using last  
seasons shirt or  
uniform!

**Shirt - \$10**

**Uniform - \$50**

If ordering a new shirt or uniform circle size needed.

Size: YS YM YL AS AM AL ALX

Registration

**\$30**

Shirt/Uniform

**\$**

2nd Player: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Coach preferred: \_\_\_\_\_

Gender: M F

School: \_\_\_\_\_

Health problems, if any \_\_\_\_\_

**Practice Day:**

**U08 & U06 (circle one): Tuesday or Thursday**

Circle GRADE

Pre-K K 1 2 3 4 5 6 7 8

**TEAM**

U06

U08

U10

U12

U14

Save Money by  
using last  
seasons shirt or  
uniform!

**Shirt - \$10**

**Uniform - \$50**

If ordering a new shirt or uniform circle size needed.

Size: YS YM YL AS AM AL ALX

Registration

**\$20**

Shirt/Uniform

**\$**

3rd Player: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Coach preferred: \_\_\_\_\_

Gender: M F

School: \_\_\_\_\_

Health problems, if any \_\_\_\_\_

**Practice Day:**

**U08 & U06 (circle one): Tuesday or Thursday**

Circle GRADE

Pre-K K 1 2 3 4 5 6 7 8

**TEAM**

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Size: YS YM YL AS AM AL ALX

Registration

**\$20**

Shirt/Uniform

**\$**

Parent's Name(s): \_\_\_\_\_

email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Text? Y N

Secondary Phone: \_\_\_\_\_ Text? Y N

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

If interested in COACHING please provide your NAME  
and circle the TEAM you would like to coach.

**NAME**

**TEAM**

U06

U08

U10

U12

U14

I, the Undersigned, give all the aboved named players permission to participate in the Sherrard Area Soccer League program. I waive and release all members of the Sherrard Area Soccer League Board and anyone in the soccer program from any and all claims or liabilities in the event of injury at practice and/or games home and away.

Signature of  
Parent/Guardian

Date  
Signed:

**Make Check Payable to: S.A.S.L.**  
(Sherrard Area Soccer League)

Amount Enclosed: \$ \_\_\_\_\_  
No refunds after the 1st game ck# \_\_\_\_\_