



ALBERTA SOCCER ASSOCIATION
The Governing Body of Soccer in Alberta

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Team Information Sheet

To be completed by each Team participating in ASA Provincial Championships and handed in at the tournament headquarters prior to your first game.

TEAM NAME: _____

COMPETITION (GENDER/AGE/TIER): _____

CONTACT NAME: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

TEAM COLORS:	PRIMARY COLOR	ALTERNATE COLOR
SHIRT	_____	_____
SHORTS	_____	_____
SOCKS	_____	_____

I (please print), _____ acknowledge that I have read through the team package behalf of _____ (team name) and confirm full acceptance and understanding of the ASA Competition Rules.

I acknowledge on behalf of my team, that we are responsible for the conduct of our players, officials and supporters, as outlined in the ASA Code of Conduct, both on and off of the field during the entire competition.

I also agree that in providing my cell phone number and email address to Alberta Soccer that I consent to be contacted by the ASA Provincial representative in case of any changes to the schedule, discipline, or any other issues that may arise.

 Signed (Team Representative)