



SGSA Equipment Sign Out and Return Form



Team Information				Season: 20__		
Age Group	U -	Number of players:		<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Program	<input type="checkbox"/> Community	<input type="checkbox"/> Saints	<input type="checkbox"/> Adult	<input type="checkbox"/> Boys / Men	<input type="checkbox"/> Girls / Women	<input type="checkbox"/> Co-ed
	<input type="checkbox"/> Other:					
Player Cards	Sign Out			Returned		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Team Official Information			
Head Coach:	First:	Last:	
Signed out by:	First:	Last:	
Position of Signee	Head Coach <input type="checkbox"/>	Assistant Coach <input type="checkbox"/>	Team Manger <input type="checkbox"/> Other:
Municipal Address:			
Municipality:		Postal Code:	
Email Contact:			
Mobile Contact: - -			

Soccer Bag Equipment	Sign Out		Returned	
Soccer Bag ID #:				
Soccer Balls	Size:	Number of Balls:		Number of Balls:
Ball Pump & Needle		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Aid Kit		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discs	Number:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pylons	Number:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Clothing Equipment	Sign Out		Returned		
			Number of items	Condition	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Acceptable
Jersey Deposits	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
(Home Jerseys) # Players x \$100 = - Saints Only -	\$:	(Jerseys can not be re-leased)			
(Away Jerseys) # Players x \$100 = - Saints Only -	\$:				
(Away Jerseys) # Players x \$60 = - Community Only -	\$:				
Jersey Garment Bag (Saints Only) ID#:					
Home Jerseys (Color:)	#s 2 - ____		#s ____ - ____		
Away Jerseys (Color:)	#s 2 - ____		#s ____ - ____		
Goalie Jersey	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Goalie Gloves	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Pinnies	#:	Color:			
	#:	Color:			
	#:	Color:			



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Field Equipment	Sign Out		Returned	
	Number of items	Number of items	Condition	
			Acceptable	Unacceptable
Bucket				
Soccer Net	Junior / Senior			
20oz Hammer (Mastercraft)				
Velcro Strips / Bungee Cords Ball Loops				
Anchors				
Corner Flag Carry Case				
Corner Flags	_____ 1pc pole / 2pc pole			

Miscellaneous	Sign Out		Returned	
	Number of items	Number of items	Condition	
			Acceptable	Unacceptable

I hereby agree that all equipment is accounted for as identified above. I understand that all equipment must be returned in good working order. All equipment will be examined by the coach or designate prior to the start of the regulation season. Any equipment that is not in good working order shall be reported in writing to the SGSA Equipment Director prior to the start of the regulation season.

Upon equipment return, I will ensure all clothing equipment are washed, free of stains and returning jerseys placed in numerical order from lowest to highest (lowest number in front) or smallest to largest where numbers are absent. The soccer bag will be free of odour, waste and debris. I will report any equipment that is not in good working order so that it can be repaired or replaced before the beginning of the next soccer season. I understand that any equipment that is missing, damaged, abused, improperly cared for, not washed, not cleaned, and/or not returned within the designated time frame the head coach, team and/or individual player may be subject to sanctions. _____ (initial)

Sign Out

Team Official		SGSA Staff	
Name (Print)	Date (YY-MM-DD)	Name (Print)	Date (YY-MM-DD)
Signature		Signature	

Returned

Team Official		SGSA Staff	
Name (Print)	Date (YY-MM-DD)	Name (Print)	Date (YY-MM-DD)
Signature		Signature	