



SVYSL Fall Season 2009

Address: (Storm House) 185 Maryal Drive, Salinas, CA 93906

Office Hours: Tuesday/Thursday 3:30-6:30pm (upstairs @ Storm House)

Mail To: 820 Park Row #486, Salinas, CA 93901

Phone: 578-8685 Fax: 754-1454 Email: svysl@paciserv.com Website: www.svysl.org

Returning Player _____
 New Player _____
 copy of birth certificate & small picture required for new players

Print Player Information

Last Name: _____ First Name: _____
 Address: _____ City: _____
 Zip Code: _____ Phone: _____ Cell Phone: _____
 Birthdate: _____ Age: _____ Gender: M F
 School: _____ Grade: _____ Years Played: _____
 Coach/Player/School Request: _____
 (Requests not guaranteed)

Fall Soccer Season 2009

Season Begins: September 12th
 Seasons Ends: October 31st
 Return Uniform policy: for U8 & up
 Early Registration Ends: July 12th (\$75.00 all players)
 Fall Registration Ends: August 12th (\$85.00 all players)
 Teams w/uniforms: \$50 a player
 Late Fee: \$20 after August 12th
 Return Check Fee: \$25.00
 Scholarships: are available for those who qualify with proof of income.
 Payment Plans: are available for families who have more than 1 child. Non-payment will be sent to collections and participation with SVYSL will cease until payment is reached in full. **Arrangements must be made with League Director.**

Parent Contact Informations

Parent: _____ Work: _____ Cell: _____
 Parent: _____ Work: _____ Cell: _____
 Email Address: _____
 Alternate Contact: _____ Phone: _____

Important

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of SVYSL, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for SVYSL accepting the registrant for its soccer program and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify SVYSL. Its affiliated organizations and sponsors, their employees, and associated personnel, including owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Photo Release

By registering my child, I'm allowing SVYSL and its affiliates to use photographs that my child may be in for promotional materials, newsletters, display purposes, etc...as SVYSL may deem suitable. I understand any photos will be sole property of SVYSL and will not be used in an unlawful manner.

Initial: _____

Print Name: _____ Signature: _____

Consent for Medical Treatment

As the parents/guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duty licensed Doctor of Medicine or Doctor or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of said registrant.

Signature: _____ Date: _____

List any player medical/physical problems: _____

Recycling

SVYSL would like to ask everyone to bring in their gently used cleats and shin guards for donation.

Doctor to notify in case of emergency: _____ Phone: _____

Dentist to notify in case of emergency: _____ Phone: _____

Volunteers Needed

I would like to sponsor a child so they can play soccer:
 \$ _____

Coach	Fundraising	Referee	Committee Member
Asst. Coach	Grant Writing	Field Prep/Clean Up	Marketing
Team Parent	Clerical/Office	Concessions	Other: _____

(High School volunteers are welcomed - contact league director)

Office Use Fee: _____ Cash: _____ Check#: _____ Bal: _____ Picture: _____ B-Cert _____ Rec'd by: _____