



# SVYSL Spring Season 2010

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

Office Hours: Mondays/Wednesdays 3:30-6:00pm (upstairs @ Storm House)

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

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

Returning Player \_\_\_\_\_

New Player \_\_\_\_\_

copy of birth certificate & small picture required for new players

### Spring Soccer Season 2010

Season Begins: April 10th

Seasons Ends: June 5th

**8 Games played at Constitution Soccer Fields on Saturdays**

**Early Registration Ends:** February 19th (\$75.00 all players)

**Fall Registration Ends:** March 19th (\$85.00 all players)

**Teams w/ sponsored uniforms:** \$50 a player

**Late Fee:** \$20 after March 20th

**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.**

### 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: \_\_\_\_\_

### Recycling

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

**I would like to sponsor a child so they can play soccer:**

\$ \_\_\_\_\_

### 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)

### Parent Contact Information

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.

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: \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### Volunteers Needed

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)

**SVYSL is in need of parent volunteers to coach. Coaches clinics will be provided by the league.**

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