



Winter / Spring 2018 Registration Instructions Sacramento Valley Women's Soccer League

www.svwsl.com

Sacramento Valley Women's Soccer League (SVWSL) Winter – Spring 2018 Season is scheduled for January 7 – May 6. SVWSL currently has three divisions which consist of A-B, C, and Over 30. Over 30 Division may have up to 2 players who turn at least 28 years of age within the seasonal year in which the playing season falls (defined as September 1 through August 31). When registering your team, submit your division request and alternate request.

Deadline – Monday December 04, 2017

All required registration documentation is to be delivered to **Heather Ramil**, the SVWSL Registrar, **by 7 p.m. Monday, December 4, 2017**. **A drop off box is available next to the front door and marked SVWSL to leave paperwork, or you may mail all items prior to deadline.** *Do not leave registration packets in standard mail box, it is a federal offense.*

Fines for late registration: A \$25 fine for missing the deadline of 7 p.m. on December 4, 2017 plus an additional fine of \$5 per day will accrue until a completed registration packet is delivered to the Registrar. If your team has accrued a late fee, the appropriate fee amount must be delivered at the same time your registration packet is submitted. If your packet is not considered complete (i.e., does not contain all the necessary documents) it will be considered late.

Team Managers: Please see the following:

Registration Packet Checklist

- Completed Team Registration Form
- ONE check payable to the SVWSL for all team fees (ref, fields, player passes, etc.)
- Team Roster – (*minimum of 11 and maximum of 25 players, only a roster of 18 players per game*)
- Returning or New Player Checklist items
- Player Passes – all player passes must be returned in December with the registration packet

Returning Players Checklist

- List Player on Roster

New Players Checklist

- \$25 Registration Fee (pass will be good through August 1, 2018)
- US Club Soccer Registration Form/Waiver ([Adult](#) or [Youth](#))*
- SVWSL Jewelry/Dog Waiver
- One facial color photo, approximately 2” x 2”, no sunglasses, no hats*

New Player Under 19 years of age also include the following:**

- Proof of Birth*
- \$15 Staff Registration fee **
- Online [Staff Background check](#) at www.usclubsoccer.org**

*Uploaded to www.usclubsoccer.org

Youth Players - must be at least 16 years old **when registered. Teams in Division A-B can have up to 3 players under the age of 19 and Division C teams can have up to 2 players under 19 years of age. **New Process: Teams are required to register the Coach as Staff and submit an online background check before a youth player can be registered.**

If you have any questions, please contact Heather Ramil at hramil@hotmail.com.

Address: (*click street address to access mapquest*)

Heather Ramil
[6072 Hamburg Way](#)
Sacramento CA 95823



Winter / Spring 2018 Team Registration Form

Sacramento Valley Women's Soccer League

Team Name: _____ Jersey Color: _____

Division - First Choice: _____ Division - Second Choice: _____

Division A-B (highest open division); Division C (lowest open division); or Over 30

Check One:

_____ Returning Team Division: _____

_____ Returning Team -New Team Name Division: _____

_____ New Team to League

If your team has experienced severe changes and you are requesting a different division than previously played in, please explain:

Registration Fees to be paid by all teams:

| | |
|--|-------------------|
| Referee fees (\$55.00 x 15 games) ¹ (rounded to \$55 each game) | \$ 825.00 |
| Referee Assignor Fee | \$ 45.00 |
| Field-use fees | \$ 100.00 |
| Administrative Fees | \$ 50.00 |
| Subtotal: | \$1,020.00 |

Credit if applicable (*subtract*) _____

Fees or fines unpaid from previous season (*add*) _____

Add \$25 per new player for annual USCLUBSOCCER Player Pass (**no. of players x \$25**) (*add*) _____

Total amount due on Monday December 04, 2017, no later than 7 p.m. (one check payable to SVWSL) _____

Please Note: For all registration packets received after 7 p.m. on December 4, 2017, a late fee of \$25, plus an additional fine of \$5 per day will accrue until a complete registration packet is delivered to the SVWSL Registrar.

Team Contacts (MUST submit two): Please list the primary team contact first.

Team Representative: _____

Address, City, Zip: _____

Sunday Number/: _____ **Text²**

Email: _____

Weekend Email: _____

Team Coordinator: _____

Address, City, Zip: _____

Sunday Number _____ **Text²**

Email: _____

Weekend Email: _____

¹ \$55.00 per team per game determined using the following calculation for referee fees: \$40 for center ref and \$35 for line ref (assuming two per game) = \$110 / 2 (number of teams per game) = \$55.00.



This form should be submitted to your home team's Club.
This form must be retained by the club for at least five (5) years.

ADULT PLAYER REGISTRATION FORM

League Name _____

Club Name _____

Team Name _____

City _____

State _____

I hereby consent to the above-named club registering me with US Club Soccer. [Note: it will not be necessary to complete this form again as long as I am with the same club or team unless the information below changes].

Player's Signature

Date

PLAYER'S INFORMATION

Player's Name: _____

Birth Date: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone : () _____

Cell Phone: () _____

Other Phone: () _____

Driver's License #: _____

State: _____

Email: _____

Please list any allergies or other medical conditions: _____

In an emergency, please contact the following:

Name _____

Home Phone: () _____

Cell Phone: () _____

LIABILITY WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

I recognize the possibility of physical injury associated with soccer, and voluntarily accept and assume this risk as part of my playing soccer for the above-named soccer organization.

I hereby release, discharge, and otherwise indemnify my club and team, US Club Soccer, their sponsors, the USSF and its affiliated organizations, the soccer facility, and the employees and associated personnel of these organizations, against any claim by or on my behalf, as a result of my participation in US Club Soccer programs and competitions.

I understand that my organization has chosen to cover me with optional secondary accident medical insurance, but the coverage is not effective until a roster with player information has been submitted to US Club Soccer, and the insurance premium has been paid. I understand I am also covered with the same liability insurance coverage afforded all other members of, and players and staff registered with, US Club Soccer.

Player's Signature

Date

NOTE: Any youth players (U-19 or younger) competing on an adult team must submit proof of birth and parent/legal guardian signature on this form.

I, _____ [print name] give my approval for the youth player named on this form to compete on an adult team.

Parent's Signature (if necessary)

Date



Acknowledgement of Jewelry Policy and No Dog Policy Sacramento Valley Women's Soccer League

NO JEWELRY. I understand that the rules of FIFA and the Sacramento Valley Women's Soccer League ("SVWSL") prohibit the wearing of jewelry during league matches. I understand that before I can play in any league match, the referee will ask me to remove any and all jewelry, including but not limited to, rings, necklaces, earrings, nose rings and eyebrow rings. I understand that these rules also apply to permanent and non-removable jewelry.

NO DOGS. I understand that SVWSL does not allow dogs at any field site where no dogs are allowed is posted. I understand that my team will forfeit its game and will pay applicable forfeit fees if any team member, coach or spectator of my team refuses to remove a dog upon request from any field site where no dogs are allowed is posted.

NO REFUNDS. I understand that SVWSL is not responsible for refunding any registration fees or other league fees if I choose to acquire permanent or non-removable jewelry during the season, or if I otherwise choose not to comply with these rules.

TEAM NAME:

| Print Name | Signature | Date |
|------------|-----------|------|
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Sacramento Valley Women's Soccer League

Roster Winter /Spring 2018

TEAM NAME: _____

| Print Name | DOB | New Player? | Dual Roster? If Yes - are you the primary team? | If Dual Roster - name other team |
|-------------------|------------|--------------------|--|---|
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