



## Sacramento Valley Women's Soccer League Winter/Spring 2009 Team Registration Form

Team Name: \_\_\_\_\_ Jersey Color: \_\_\_\_\_

Division: First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Check One:

\_\_\_\_\_ A: Returning Team from the Fall 2008 Season Division: \_\_\_\_\_

\_\_\_\_\_ B: Returning Team from the Fall 2008 Season; New Team Name

\_\_\_\_\_ C: 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 ( $\$47.50 \times 12$ games plus $\$30$ for ref assignor) <sup>1</sup> (rounded)	600.00
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Field-use fees	100.00
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<b>Subtotal:</b>	700.00
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Credit if applicable ( <i>subtract</i> ) _____	
Fees or fines unpaid from previous season ( <i>add</i> ) _____	

Number of <b>NEW</b> registered players at \$23 each, (did not play in the Fall of 2008 ( <i>add</i> )) _____	
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**Total amount due on Monday, December 1, 2008 no later than 7 p.m. (one check payable to SVWSL)** \_\_\_\_\_

**Please Note:** For all registration packets received after 7 p.m. on December 1, 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 Phone**

**Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Team Coordinator:** \_\_\_\_\_

**Address, City, Zip:** \_\_\_\_\_

**Sunday Phone**

**Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<sup>1</sup> \$47.50 per team per game determined using the following calculation for referee fees: \$35 for center ref and \$30 for line ref (assuming two per game) = \$95 / 2 (number of teams per game) = \$47.50. The assignor fee per team was determined using the following calculation: \$750 per season for assignor / 25 (number of teams as of last season) and rounded to \$30.00.

Online instructions to add players to your team

Go to [www.usclubsoccer.org](http://www.usclubsoccer.org)

1. Enter your email address
2. Enter your password
3. Click on player management
4. Click on add player

\*Your team name, at the top in the box, will give your team number, followed by youth: and your team name. This is a glitch in the way we were set up. Just make sure that your team name is showing in the box.

All fields must be filled in where an \* is to the left of the box.

At the bottom you will see “upload POB or Adult Waiver Form” browse to add the signed player’s waiver. (USClubSoccer will not issue a player’s pass until they receive the signed Adult Player Waiver and Registration Form.)

If you do not have the capability to scan documents, you can go to Kinko's, Office Depot, Office Max and other printing facilities that provide these types of services for a small fee.

**File types allowed:** PDF, JPG, JPEG, GIF

Click on Add Player

\*Teams are limited to 22 players, (our league rules) however USClubSoccer allows 26. You cannot order player passes, only the registrar can, so please let me know that you have players that need player passes.

The instructions here will be updated as needed.

# Winter/Spring 2009 Registration Instructions Sacramento Valley Women's Soccer League

[www.svwsl.com](http://www.svwsl.com)

**Deadline – Monday, December 1, 2008**

All required registration documentation is to be delivered to **Lani Bondshu**, the SVWSL Registrar, **by 7 p.m. Monday, December 1, 2008.** (please read directions below)

**Fines for late registration:** A \$25 fine for missing the deadline of 7 p.m. on Monday, December 1, 2008 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 Rosters:** Roster size – minimum of 11 and maximum of **22** players. However, only a game roster of 18 players may be submitted for each game. Players must be at least 16 **when registered**. Teams in Division A can have up to 4 players under the age of 18; Division B teams can hold up to 3 players under 18 years and Division C teams can hold up to 2 players under 18 years of age. All players on over-30 teams must turn 30 by December 31, 2008.

**To submit a completed/correct registration packet, please review the following:**

SCENARIO	WHAT NEEDS TO BE SUBMITTED
For <b>ALL TEAMS</b>	<ul style="list-style-type: none"> <li>• All team player passes from the Fall 2008 Season (if you haven't already turned them in)</li> <li>• Completed Team Registration Form<sup>1</sup></li> <li>• ONE check payable to the SVWSL for all team fees (ref and fields, etc.)</li> </ul>
<b>RETURNING PLAYERS</b> who played in the Fall 2007 or Spring of 2008	<ul style="list-style-type: none"> <li>• \$23 Registration fee due (player pass good through August 1, 2009)</li> </ul>
<b>RETURNING PLAYERS</b> who played in the Fall of 2008	<ul style="list-style-type: none"> <li>• Registration was paid Fall of 2008 (player pass good through August 1, 2009)</li> </ul>
For <b>NEW</b> players who did not play in the Fall of 2007, Spring of 2008, or Fall 2008	<ul style="list-style-type: none"> <li>• One facial color photo, approximately 2" x 2" , no sunglasses, no hats<sup>1</sup></li> <li>• A SVWSL Jewelry Waiver<sup>1</sup></li> <li>• An Adult Registration Waiver*<b>uploaded to</b> <a href="http://www.usclubsoccer.org">www.usclubsoccer.org</a></li> <li>• \$23 Registration Fee</li> </ul>
If a <b>NEW</b> player is <b>UNDER 18 YEARS OF AGE</b> , the following additional forms are required:	<ul style="list-style-type: none"> <li>• A completed Youth Club Registration Confirmation form<sup>1</sup>*<b>uploaded to</b> <a href="http://www.usclubsoccer.org">www.usclubsoccer.org</a></li> <li>• Proof of Birth*<b>uploaded to</b> <a href="http://www.usclubsoccer.org">www.usclubsoccer.org</a></li> <li>• One facial color photo, approximately 2" x 2" , no sunglasses, no hats<sup>1</sup></li> <li>• A SVWSL Jewelry Waiver<sup>1</sup></li> <li>• \$23 Registration Fee</li> </ul>

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**Registration Time Frame:**

TIME FRAME	ITEMS THAT WILL BE ACCEPTED	PERSON TO SEND REGISTRATION INFORMATION	LOCATION (items can be submitted electronically, delivered or mailed)	NOTES
November 7— 7 p.m. December 1, 2008	Team Registration Packets	Lani Bondshu kick1in@comcast.net	5923 Fire Water Ct., Citrus Height, CA 95621	
December 2, 2008 <sup>h</sup>	<b>LATE</b> Team Registration Packets	Lani Bondshu kick1in@comcast.net	Same as Above	MUST include a check for the appropriate late fee.

1. All team registration forms, jewelry, youth waivers, and photos may be scanned and emailed to me as an attachment: Lani Bondshu [kick1in@comcast.net](mailto:kick1in@comcast.net) **All attachments must be labeled and identifiable.**
2. Player passes and checks may be mailed or dropped at my house.

Adult Registration forms are available via our league website at [www.svswsl.com](http://www.svswsl.com) or [www.usclubsoccer.com](http://www.usclubsoccer.com)  
All other forms are available online at [www.svswsl.com](http://www.svswsl.com)

If you have any questions, please contact Lani Bondshu at [kick1in@comcast.net](mailto:kick1in@comcast.net).

**Registrar’s address:**

**Lani Bondshu  
5923 Fire Water Ct.  
Citrus Heights, CA.  
95621**

**There is a clear plastic box by my front door, place in clear plastic box (prefer that you mail or email all forms, checks, etc.) do not leave registration packets in mail box, or have players leave registration materials in mail box, it is a federal offense.**

**Directions from Downtown Sacramento:**

I-80 North  
Right Exit to Greenback Lane  
Left onto Indian River  
Corner of Indian River and Fire Water Ct.

**From Roseville:**

I-80 South  
Left Onto Greenback Lane  
Left onto Indian River  
Corner of Indian River and Fire Water Ct.

**From Carmichael & Fair Oaks:**

Greenback Lane west towards I-80  
Right turn on Indian River (before you get to freeway)  
Corner of Indian River and Fire Water Ct.

## Photos:

### DO:

1. Need to be in color.
2. The face should be fairly large and clear in the photo.
3. Each individual photo **MUST** be submitted as an *email attachment* in either a jpg file, or a bmp file or a pdf file or submitted on a cd.
4. Each individual photo **MUST** be labeled with name of person.

Lani Bondshu Photo or Casanave Kathleen Photo

5. Face in photo needs to be at least 2" x 2".
6. Photos may contain other persons, as long as the face of the individual is clearly visible.
7. All photos submitted in any other format will be returned.
8. Deadline for submitting photos is Wednesday noon.

### DO NOT:

1. Crop or resize the photo.
2. No sunglasses, no hats.
3. Do not scan any government issued photo, it is grainy and too small.
4. If you do not have access to a scanner or if Kinko's is not an acceptable solution please contact Kathleen Casanave and she will make her scanner available to you.

Cell 952-6141 or Home 736-9051

# Jewelry Policy

## Sacramento Valley Women's Soccer League

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.

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
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____



716 8th Ave. North  
 Myrtle Beach, SC 29577  
 Phone: (843) 429-0006  
 Email: [admin@usclubsoccer.org](mailto:admin@usclubsoccer.org)  
 Website: [www.usclubsoccer.org](http://www.usclubsoccer.org)

## YOUTH CLUB REGISTRATION CONFIRMATION

**Club Name** Sacramento Valley Women's Soccer League **City** Sacramento **State** CA

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

\_\_\_\_\_  
**Player's Signature** **Date** **Parent/Guardian Signature** **Date**

### PLAYER'S MEDICAL INFORMATION

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:  
 Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_

Allergies \_\_\_\_\_  
 Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Bus Phone ( ) \_\_\_\_\_  
 Medical/Hospital Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Relation to player: father, mother, guardian)