

Sacramento Valley Women's Soccer League Fall 2010 Team Registration Form



Team Name: _____ Jersey Color: _____

Division: First Choice: _____ Second Choice: _____

Check One:

_____ A: Returning Team from the Winter/Spring 2010 Season Division: _____

_____ B: Returning Team from the Winter/Spring 2010 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 x 10 games plus \$30 for ref assignor) ¹ (rounded)	500.00
Field-use fees	150.00
Administrative Fees	<u>100.00</u>
Subtotal:	750.00

Credit if applicable (*subtract*) _____

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

Add \$25 per player for annual USCLUBSOCCER Player Pass, minimum payment of 11 players (add) 275.00

Total amount due on Monday, August 16, 2010 no later than 7 p.m. (one check payable to SVWSL) _____

Please Note: For all registration packets received after 7 p.m. on August 16th, 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: _____

Weekend Number: Phone _____ ²Text _____

Email: _____

Weekend Email: _____

Team Coordinator: _____

Address, City, Zip: _____

Weekend Number: Phone _____ ²Text _____

Email: _____

Weekend Email: _____

¹ \$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 / 24 (number of teams as of last season) and rounded to \$30.00.

² Standard text rates apply.

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 games are scheduled. 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 from the field site upon request.

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
1.		
2.		
3.		
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11.		
12.		
13.		
14.		
15.		
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17.		
18.		
19.		
20.		
21.		
22.		



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

ADULT PLAYER REGISTRATION AND INSURANCE WAIVER

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: _____

Birthdate: _____

Email: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone : _____

Cell Phone: _____

Bus Phone: _____

In an emergency, please contact the following:

Name _____

Cell Phone: _____

Home 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, US Club Soccer, their sponsors, the USSG, 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 medical 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



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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)