

Fall 2010 Registration Instructions Sacramento Valley Women's Soccer League

www.svwsl.com

Deadline –August 16, 2010

All required registration documentation is to be delivered to **Rebecca Dominguez**, the SVWSL Registrar, **by 7 p.m. Monday, August 16, 2010. (please read directions below)**

Fines for late registration: A \$25 fine for missing the deadline of 7 p.m. on August 16, 2010 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 years old **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 have up to 2 players under 18 years of age. Teams in the 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).

Team Managers: Please see the following checklists:

For a completed/correct registration packet

- All team player passes from the last season (if they are not already turned in)
- Completed Team Registration Form¹
- ONE check payable to the SVWSL for all team fees (ref, fields, etc.)

To Register Players

Returning Players

- \$25 Registration fee due (pass will be good through August 1, 2011)
- A SVWSL Jewelry Waiver

New Players

- \$25 Registration Fee
- A SVWSL Jewelry Waiver ¹
- One facial color photo, approximately 2” x 2” , no sunglasses, no hats¹
- An Adult Registration Waiver*uploaded to www.usclubsoccer.org

Under 18 years of age, include the following:

- A completed Youth Club Registration Confirmation form¹*uploaded to www.usclubsoccer.org
- Proof of Birth*uploaded to www.usclubsoccer.org

Registration Time Frame:

Dates	ITEMS THAT WILL BE ACCEPTED	PERSON TO SEND REGISTRATION INFORMATION	LOCATION Electronic or Hard Copy	NOTES
July 26 th - 7 pm August 16 th	Team Registration Packets	Rebecca Dominguez rdominguez11@hotmail.com	rdominguez11@hotmail.com 820 Blaine Ave Sacramento 95838	
August 17th	LATE Team Registration Packets	Rebecca Dominguez rdominguez11@hotmail.com	Same as Above	MUST include a check for the appropriate late fee.

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1. All team registration forms, jewelry, youth waivers, and photos may be scanned and emailed to me as an attachment to: Rebecca Dominguez at rdominguez11@hotmail.com. All attachments must be labeled and identifiable. Please put your team name in the subject line of the email. Note: Photo format preferably in jpg.
2. Player passes and checks may be mailed or dropped at my house.

Registration forms are available via our league website at www.svwsl.com or www.usclubsoccer.com All other forms are available online at www.svwsl.com

If you have any questions, please contact Rebecca (Becky) Dominguez at rdominguez11@hotmail.com.

Registrar's address:

Rebecca Dominguez
[820 Blaine Avenue](#)
Sacramento CA 95838
(click street address to access mapquest)

A drop off box will be available and marked SVWSL to leave paperwork, or you may mail all items prior to deadline. Do not leave registration packets in standard mail box, or have players leave registration materials in mail box, it is a federal offense.

Check List:

1. _____ Team Registration form
2. _____ Check payable to SVWSL
3. _____ Player passes from past season
4. _____ Jewelry waivers for ALL team members
5. _____ Youth Waiver and Medical form (for **NEW** youth players only)
6. _____ Proof of Birth (for **NEW** youth players only)
7. _____ Photos for **NEW** players (jpg files preferred to rdominguez11@hotmail.com)
8. _____ Adult Registration and Waiver forms for **NEW** players submitted online to www.usclubsoccer.org

ONLINE INSTRUCTIONS TO ADD PLAYERS TO YOUR TEAM

Go to www.usclubsoccer.org (click to access the website)

1. Enter your email address
2. Enter your password
3. Click on Player Management
4. Click on Add Player

Team Name/ID/Age

use the drop down box to change to your team name.

Input information across the form. All fields must be filled in where an * is to the left of the box.

At the end you will see “upload POB or Adult Waiver Form” browse to add the signed player’s waiver. **Upload Youth POB or Adult Player Waiver Form**

File types allowed: PDF, JPG, JPEG, GIF

(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.

Click on

Note: Teams are limited to 22 players, (our league rules); USClubSoccer will allow up to 26. Passes will not be given until players are dropped to meet 22 limit.

You cannot order player passes, only the Registrar can, so to complete the process, send an email to rdominguez11@hotmail.com to notify me of an added player, with the photo attached.

These instructions will be updated as needed.

PHOTOS	
Requirements:	
<ul style="list-style-type: none"> • Need to be in color. 	<ul style="list-style-type: none"> • Face needs to be at least 2" x 2".
<ul style="list-style-type: none"> • The face should be fairly large and clear in the photo. 	<ul style="list-style-type: none"> • Cell phone photos are fine, send as an email attachment.
<ul style="list-style-type: none"> • MUST be submitted as an <i>email attachment</i> preferably in either a jpg file, or a bmp file. 	
<ul style="list-style-type: none"> • MUST be labeled with name of person. <i>Example: Lani Bondshu Photo or Casanave Kathleen Photo</i> 	
<i>May contain other persons, as long as the face of the player is clearly visible and easily identified.</i>	
All photos submitted in any other format will be returned.	
Deadline for submitting photos is Wednesday noon.	
Do Not:	
<ul style="list-style-type: none"> • Crop or resize the photo. 	<ul style="list-style-type: none"> • No sunglasses, no hats.
<ul style="list-style-type: none"> • Scan any government issued photo, it is grainy and too small. 	<ul style="list-style-type: none"> • Send in pdf format

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** _____ ²**Text** _____

Email: _____

Weekend Email: _____

Team Coordinator: _____

Address, City, Zip: _____

Weekend Number: **Phone** _____ ²**Text** _____

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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17.		
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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



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