



P.O. BOX 67038
Scotts Valley, CA, 95067-7038
831-469-5274
www.svslvsoccerclub.org

FINANCIAL ASSISTANCE APPLICATION PACKET

The SV/SLV Soccer Club (the Club) has a limited amount of financial assistance available for the 2011 Fall season. Applicants must complete all of the information and submit all materials to the Club prior to the application deadline of June 1, 2011.

If any information is incorrect or missing, the application will be denied. Financial assistance applications will be reviewed by the SV/SLV Soccer Club Board of Directors (the Board) and a decision will be made in an upcoming Board meeting.

Partial Payments: The Club asks families receiving assistance to contribute at least \$35 per player, but more if you can (\$50, \$75 or more). Please include payment with this application. Your partial payment will be returned if the Club cannot provide the assistance requested.

APPLICATION PACKET CHECK LIST:

- Financial Assistance Request Form
- Fall Registration Form
- Check for Partial Payment (minimum of \$35 per player)
- Player Proof of Birth (if player did not submit birth certificate last year to Club)

MAIL MATERIALS TO:
SV/SLV Soccer Club
Registrar
PO Box 67038
Scotts Valley, CA 95067



PO Box 67038
Scotts Valley, CA
95067-7038
831-469-5274
www.svslvsoccerclub.org

SV/SLV SOCCER CLUB – FINANCIAL ASSISTANCE REQUEST FORM

PLEASE READ FIRST: The SV/SLV Soccer Club (the Club) has a limited amount of financial assistance available for the 2011 Fall season. Applicants must complete all of the information below and submit all materials to the Club prior to the application deadline. If any information is incorrect or missing, the application will be denied. Financial assistance applications will be reviewed by the SV/SLV Soccer Club Board of Directors (the Board) and a decision will be made in an upcoming Board meeting. Financial assistance is awarded based upon demonstrated need and are awarded based on a first come first serve basis.

Partial Payments: The Club asks families to contribute at least \$35 per player, but more if you can \$50, \$75, or more. Include payment with application. Your partial payment will be returned if the Club cannot provide the assistance requested.

Applicants - By completing and submitting this application, you agree to provide proof of income / need, as may be required by the Board.

Notification -The Club Registrar or Assistant Registrar will notify applicants of the Board's decision. All information is kept confidential.

Submission Deadline -To be considered for financial assistance, the Club must receive this form prior to **June 1, 2011**.

The Club will make every effort to assure that deserving children in need have an opportunity to play soccer in our community.

Player's name _____ Age _____ birth date _____

Partial Payment Included \$ _____

Enter amount needed \$ _____ (See Fall registration form for fee information)

(Families are asked to contribute at least \$35, but more (\$50 or \$75) if you can)

INCLUDE CHECK WITH APPLICATION

Name of Parent or Guardian _____

Address _____ City _____

Home Phone _____ Work Phone _____

Email address _____

Occupation(s) of Father _____ Total Monthly Salary _____

Occupation(s) of Mother _____ Total Monthly Salary _____

I am requesting assistance for the following reason(s): Check all that apply

_____ Limited Income _____ Loss of Job _____ Medical Costs _____ Recent Divorce

_____ Disabled _____ Other (Please Explain)

Please include any information that would help us understand your situation:

Did you receive Club scholarship/financial assistance in 2010 2009 2008

Are you able to assist the team?

Team parent _____ or Coach _____ or Asst Coach _____

Number of children you are financially responsible for? _____

I certify that the information contained on this request is true, correct to the best of my knowledge, and I agree to the aforementioned provisions in consideration for financial assistance. Further, I understand that the submission of this application in no way guarantees that such financial assistance will be awarded, as funds are limited.

Signature of Applicant: _____ Date: _____



2010 – FALL SOCCER REGISTRATION FORM

Player Information:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ St: _____ Zip Code: _____

Player Date of Birth: _____ Age _____ Gender: M F

Player School: _____

Last League/Season: _____

Buddy Request: _____

1. Parent's / Guardian's Name(s): _____

Relationship: _____ Phone:: 831- _____ Cell/Alt Phone:: 831- _____

Email Address: _____

2. Parent's / Guardian's Name(s): _____

Relationship: _____ Phone:: 831- _____ Cell/Alt Phone:: 831- _____

Email Address: _____

If parents are not available:

Emergency Contact: _____ Phone: 831- _____ Cell Phone: 831- _____

List any player medical conditions & any medication: _____

Player Physician: _____ Phone: 831- _____

Registration Fee:

Before May 23 - \$145
After May 23* - \$195

* Registrations
postmarked after
May 23, 2010 must
include the late fee

Volunteer/ Parental Support

- Coach
- Asst Coach
- Team Mgr.
- Parent Referee
- Board Member/
Committee
- Sponsor
- Special Projects
- Other

MEDICAL & LIABILITY RELEASE

I, the parent / legal guardian of the player listed on this form, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the Scotts Valley / San Lorenzo Valley Soccer and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the League, the owners and operators of the facilities used for the prams and their respective directors, officers, employees, agents and representatives from **and** against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including players transportation to and from the program. I further grant the League the right to use the player's name, picture and/or likeness in printed, broadcast or other material concerning the Programs provided such use is related to the player' status as a participant in the Programs.

As the parent / legal guardian of the above-named player, or player age 18 or over, I hereby give consent for emergency, medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

Printed Name: _____ Parent/Guardian Signature: _____

Executed on Date: _____