



FALL 2009 PLAYER MAIL-IN REGISTRATION

PLAYER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ : _____ Zip Code: _____

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

Telephone: _____ Alternate Telephone: _____

Email Address: _____

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

Telephone _____ Alternate Telephone: _____

Player Date of Birth: _____ Gender: M F

Player School: _____

PLEASE ENCLOSE A COPY OF THE PLAYER'S BIRTH CERTIFICATE OR PROOF OF BIRTH. ALL REGISTRANTS MUST BE AT LEAST FOUR (4) YEARS OLD ON JULY 31, 2009.

PLAYING AGE GROUPS

Playing age brackets will be Under 6 through Under 19

(SUBJECT TO CHANGE BASED UPON NUMBER OF REGISTRANTS IN EACH AGE CATEGORY)

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Phone: _____

Primary Phone: _____ Alt Phone: _____

List Any Medical Conditions That The Player Has & Any Medication That the Player is Taking: _____

Player Physician: _____ Physician Telephone: _____

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 Club (hereinafter referred to as the Club) 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 Club, 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 Club 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's 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.

Parent or Guardian Signature: _____

Printed Name: _____

Executed on Date: _____

PLAYER FEES / MAILING ADDRESS

Please enclose a check in the amount of \$135.00 made payable to the SVSLV Soccer Club. Registrations postmarked after May 23rd, 2009 should include a \$50.00 late registration fee (total \$185.00). The completed form should be mailed to the Club's address at:

**SVSLV Soccer Club
P.O. Box 67038
Scotts Valley, CA 95067-7038**

PARENTAL SUPPORT CLUB

I am interested in contributing to the success of the League in the following capacity:

- Team Sponsor (Please Complete Sponsorship Form) Coach (Please Complete Form 1628)
 Asst. Coach (Please Complete Form 1628) Team Manager / Parent Referee Board Member /
Committee Other

REGISTRATION CHECKLIST

REGISTRATION FORM COMPLETED / ALL REQUESTED INFORMATION PROVIDED
PROOF OF BIRTH ENCLOSED

COMPLETED FORM 1601 ENCLOSED & SIGNED (COMPLETED IN BLUE INK)

CHECK FOR \$135.00 PAYABLE TO CLUB ENCLOSED (OR \$185 IF AFTER MAY 23RD)

IF SPONSORING A TEAM – COMPLETED SPONSORSHIP FORM & CHECK ENCLOSED

IF VOLUNTEERING TO COACH OR ASST. COACH A TEAM – COMPLETED FORM 1628 ENCLOSED
PARENT & CHILD AGREE TO HAVE FUN
