



# SVYSL Fall Season 2010

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Office Hours: TBA

**Mail To: 820 Park Row #486, Salinas, CA 93901**

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Returning Player _____  New Player _____ copy of birth certificate & small picture required for new players	<p style="text-align: center;"><u>Print Player Information</u></p> Last Name: _____ First Name: _____ Address: _____ City: _____ Zip Code: _____ Phone: _____ Cell Phone: _____ Birthdate: _____ Age: _____ Gender: M F School: _____ Grade: _____ Years Played: _____ Coach/Player/School Request: _____ (Requests not guaranteed)												
<p style="text-align: center;"><u>Fall Soccer Season 2010</u></p> Season Begins: September 11th Seasons Ends: October 30th Games played at Constitution Soccer Fields on Saturdays  Early Registration Ends: June 12th (\$65.00 all players) Fall Registration Ends: August 11th (\$85.00 all players) Teams w/sponsored uniforms: \$50 a player Late Fee: \$20 after August 12th Return Check Fee: \$25.00  Scholarships: are available for those who qualify with proof of income.  Payment Plans: are available for families who have more than 1 child. Non-payment will be sent to collection and participation with SVYSL will cease until payment is reached in full. <u>Arrangements must be made with                  League Director.</u>	<p style="text-align: center;"><u>Parent Contact Information</u></p> Parent: _____ Work: _____ Cell: _____ Parent: _____ Work: _____ Cell: _____ Email Address: _____ Alternate Contact: _____ Phone: _____  <p style="text-align: center;"><u>Important</u></p> I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of SVYSL, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for SVYSL accepting the registrant for its soccer program and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify SVYSL. Its affiliated organizations and sponsors, their employees, and associated personnel, including owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.												
<p style="text-align: center;"><u>Photo Release</u></p> By registering my child, I'm allowing SVYSL and its affiliates to use photographs that my child may be in for promotional materials, newsletters, display purposes, etc...as SVYSL may deem suitable. I understand any photos will be sole property of SVYSL and will not be used in an unlawful manner.  Initial: _____	<p style="text-align: center;"><u>Consent for Medical Treatment</u></p> As the parents/guardian of the above named registrant, I hereby give consent for emergency medical care prescribed by a duty licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of said registrant.  Signature: _____ Date: _____ List any player medical/physical problems: _____ Doctor to notify in case of emergency: _____ Phone: _____ Dentist to notify in case of emergency: _____ Phone: _____												
<p style="text-align: center;"><u>Recycling</u></p> SVYSL would like to ask everyone to bring in their gently used cleats and shin guards for donation.	<p style="text-align: center;"><u>Volunteers Needed</u></p> <table style="width:100%; border: none;"> <tr> <td>Coach</td> <td>Fundraising</td> <td>Referee</td> <td>Committee Member</td> </tr> <tr> <td>Asst. Coach</td> <td>Grant Writing</td> <td>Field Prep/Clean Up</td> <td>Marketing</td> </tr> <tr> <td>Team Parent</td> <td>Clerical/Office</td> <td>Concessions</td> <td>Other: _____</td> </tr> </table> <p style="text-align: center;">(High School volunteers are welcomed - contact league director)</p>	Coach	Fundraising	Referee	Committee Member	Asst. Coach	Grant Writing	Field Prep/Clean Up	Marketing	Team Parent	Clerical/Office	Concessions	Other: _____
Coach	Fundraising	Referee	Committee Member										
Asst. Coach	Grant Writing	Field Prep/Clean Up	Marketing										
Team Parent	Clerical/Office	Concessions	Other: _____										
I would like to sponsor a child so they can play soccer: \$ _____	<p style="text-align: center;"><b>SVYSL is in need of parent volunteers to coach. Coaches clinics will be provided by the league.</b></p>												
Office Use Fee: _____ Cash: _____ Check#: _____ Bal: _____ Picture: _____ B-Cert _____ Rec'd by: _____													