



Spring Season 2008

Salinas Valley Youth Soccer League

40 Clark St. Suite F Salinas, CA 93901 (831) 753-7622 Fax (831) 753-0669

Website: www.svysl.org Email: svysl@paciserv.com

Returning Player _____ New Player _____ Copy of Birth Certificate & Small Picture Required for New Players	<p><u>Print Player Information</u></p> Last Name _____ First Name _____ Address _____ City _____ Zip Code _____ Phone _____ Cell Phone _____ Birth Date _____ Age _____ Grade _____ Gender: M F Email Address: _____ Coach/Player/School Request _____ (requests not guaranteed)												
<p>Spring Soccer Season 2008</p> Season Begins April 5 Season Ends May 31 Return Uniform Policy for U8 & up \$15 Fee for Non-returned Uniforms Early Sign-Up \$75.00 10/27-1/1/08 Fees starting 1/2/08-2/29/08 U6 Players \$ 85.00 All Others \$ 95.00 10 Hrs. Volunteer Service required per team (coach will advise) Scholarships are available for those who qualify with proof of income. Payment plans are available for families who have more than 1 child registered. All monies are due and must be paid in full by the end of the season. Non-payment will be sent to collections and participation with the league will cease until payment is reached in full. Late Fee after Feb. 29, 2008 Return Check Fee \$25.00	<p><u>Parent Contact Information</u></p> Parent _____ Work _____ Cell _____ Parent _____ Work _____ Cell _____ Alternate Contact _____ Phone _____ List any player medical/physical problems _____ Doctor to notify in case of emergency _____												
<p style="text-align: center;"><u>Release</u></p> By registering my child, I'm allowing SVYSL and its affiliates to use photo- graphs that my child may be in for promotional materials, newsletters, display purposes, etc... as SVYSL may deem suitable. I understand that any photos will be the sole property of SVYSL and will not be used in an unlawful manner. Initial _____	<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 the 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. Print Name _____ Signature _____												
SVYSL would like to thank everyone for their continued support by their participation and donations. Also, a big thank you to our volunteers who dedicate their time for the children.	<p style="text-align: center;"><u>Consent for Medical Treatment</u></p> As the parent/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 _____												
	<p><u>Volunteers Needed</u></p> (Please circle)												
	<table style="width:100%; border: none;"> <tr> <td style="width:25%;">Coach</td> <td style="width:25%;">Fundraising</td> <td style="width:25%;">Referee</td> <td style="width:25%;">Book Keeping</td> </tr> <tr> <td>Asst. Coach</td> <td>Grant Writing</td> <td>Field Prep/Clean up</td> <td>Committee Member</td> </tr> <tr> <td>Team Parent</td> <td>Clerical/Office</td> <td>Concessions</td> <td>Other _____</td> </tr> </table>	Coach	Fundraising	Referee	Book Keeping	Asst. Coach	Grant Writing	Field Prep/Clean up	Committee Member	Team Parent	Clerical/Office	Concessions	Other _____
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<p>Office Use Fee _____ Cash _____ Check# _____ Bal. _____ Xtra\$ _____ Picture _____ B-Cert. _____ Rc'd By _____</p>													