Attention U10 parents and players!

Shenango Valley Soccer Club is moving in an exciting new direction. We are making changes so that we are able to help our players develop to their own personal best, whether that is to explore their interest in the game of soccer, to be a great high school player or to join a regional premier cup program. We believe SVSC players are ready to elevate their play to be comparable to other great clubs in our area.

We have offered a U10 recreational travel league for many years. Starting this fall, we are ***strongly encouraging*** you to sign your child up for this option. We cannot guarantee that we will run a non-travel option at the U10 level like we have done in the past. In other words, this is our U10 recreational program.

What is it? A recreational league that involves travel within Lawrence County. An 8 week season: 4 home games, 4 away games. Structured 7 vs 7 games with referees.

What is the benefit? U10 is the age where players start to learn the details and structure of the game of soccer. Players will be exposed to all positions, develop tactical skills (attacking, defending, passing, set plays), and focus on cooperation and teamwork.

This is still a developmental, non-competitive league (score is not kept during games), but it focuses on learning the skills needed to move up to higher levels (travel teams, middle/high school, etc).

What ages? Birth years 2010-2011.

What is the schedule? Two practices a week starting in August. Games on Saturday morning with two 25 minute halves.

What is the cost? $85 ($70 for registration and $15 for a uniform shirt). ***$5 discount if you register by July 12th.*** Refund of the registration cost minus $10 will be awarded prior to the start of practice. Uniform fees will not be refunded once the order has been placed.

What equipment is needed? Shinguards and soccer cleats are required. Size 4 ball. Black shorts and black socks for games.

How do I register? Complete the registration form, parent/guardian code of conduct, and medical release form. Mail, along with a check or money order, to the address provided.

In-person registration will take place at the Hermitage City Building on July 23 from 6:30-7:30.

Questions? Contact Wendy Ruffo: wendy.ruffo@gmail.com, 724-866-4135 or Megan Lowry: megan.m.lowry@gmail.com, 412-855-7220

PLAYER ID # Last 6 digits of SS#	BIRTH DATE	Grade	GENDER	PARENT EMAIL

HOME PHONE	CELL/WORK PHONE	ALTERNATE/EMERGENCY CONTACT

GUARDIAN NAME & ADDRESS	PLAYER'S FULL NAME & ADDRESS

Birth Certificate on file: **Yes** **No** **If no, please provide *(text/email to Wendy Ruffo)***

Jersey # (please list 3 options): _____ _____ _____

	PROGRAM FEE		MY TOTAL
Lawrence County U10 Rec League	**$65 Early Bird by July 12** **$70 no later than July 26**	**$**	
Donation	**Optional $25 (Or consider finding businesses to sponsor)**	**$**	
Jersey with #	**$15**	**$**	

Payment: By check or money order only, payable to **SVSC**
Please print player's full name on memo line

Amount enclosed: $

MAIL COMPLETED APPLICATION & PAYMENT TO:

Wendy Ruffo - SVSC Registrar 2099 Winner Road Hermitage, PA 16148

GUARDIAN'S CONSENT

I understand that soccer is a contact sport that can result in serious or fatal injuries. I attest that I am a legal guardian of (player's full name) _____, and give permission for her/him to participate in practices, competitions and other activities sanctioned by SVSC {the club}, or its Shenango Valley United or Shenango Valley Soccer divisions. I agree to hold the coaches, the club, its members, directors, and property owners harmless for any injury, should they occur.

Guardian's signature: _____ **Date:** _____

I give permission to Shenango Valley Soccer Club to photograph my son/daughter _____ for the purpose of promoting the Association via their website: www.shenangovalleysoccer.org and social media. If in the future I change my mind, I will present in writing the withdrawal of my permission.

Guardian's signature: _____ **Date:** _____

Please print name of person signing these consents: _____

For registrar's use: date received check #: amount: $

Shenango Valley Soccer Club
Parent/Guardian Code of Conduct

By joining as a member of Shenango Valley Soccer Club (SVSC) we/I pledge to provide positive support, care and encouragement for my child(ren)s, _____,
participation in SVSC by following this Parent/Guardian's Code of Conduct:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or event.
2. I will place the emotional and physical well-being of the children first at all times.
3. I will remember that the game is for the children and not the adults. I will do my very best to make soccer fun for my child.
4. I will not bring any alcohol, tobacco or illegal drugs product into the vicinity of the fields of play.
5. I will not coach my child or any other player during the game, unless authorized by an official of the SVSC. If I do not agree with a coaching or referee decision, I will refrain from vocalizing my concerns in front of any children.
6. I will treat players, coaches, fans and officials with respect and good manners.
7. If a coach, official or SVSC representative calls to my attention that my child is not treating coaches, players, officials or fans with respect, I will counsel my child on his/her need to do so. I will explain that failure to correct such an attitude may result in disciplinary action by SVSC, which may include expulsion.
8. I will help my child's team by assisting the coaches and manager as needed. If I fail to abide by the above Code of Conduct, I recognize that I may be barred from attending youth soccer events sponsored by the SVSC, at the sole discretion of the SVSC Board of Directors. I agree to hold the SVSC Board of Directors or representatives harmless.

A copy of this form will be kept on file with SVSC. Please print one for your records. My signature means I will comply with the Parent/Guardian Code of Conduct. I will also take responsibility that all family members or friends that attend SVSC events to watch my child(ren) will be aware of and abide by this Code of Conduct.

_____

Parent/Guardian's Name #1 (printed) Parent/Guardian's Signature Date

_____

Parent/Guardian's Name #2 (printed) Parent/Guardian's Signature Date

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Office Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

_____ _____

Signature of Parent/Guardian Date