

SPRING 2015 TRAVEL

PLAYER ID # Last 6 digits of SS#	BIRTH DATE	PLAYER YEAR	GENDER	EMAIL
HOME PHONE		CELL/WORK PHONE		ALTERNATE/EMERGENCY CONTACT
GUARDIAN NAME & ADDRESS			PLAYER'S FULL NAME & ADDRESS	
IMPORTANT INFORMATION ALL PLAYERS <u>must</u> have a birth certificate copy on file with the club. Your status is shown in the box to the right.		BIRTH CERTIFICATE ON FILE	PARENT CODE OF CONDUCT 14-15	SCHOOL ATTENDING

Please sign the consents

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. Our family will contribute up to one hour of volunteer time this session if asked to do so by the club, and participate in one fund raising activity authorized by the board of directors.

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 web site: www.shenangovalleysoccer.org. 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: _____

Please list any allergies or medical conditions that we should be aware of: _____

Please circle which program and age group you are applying for.

Shenango Valley Soccer TRAVEL division	Choose what applies to your player.
Age Groups (Circle one) U10 PA West Guidelines for Ages 08/01/2004 – 07/31/2006 U12 08/01/2002 – 07/31/2004 U14 08/01/2000 - 07/31/2002 U16 08/01/1998 - 07/31/2000 U18 08/01/1996 - 07/31/1998 (You will be contacted if your player's age level will be having evaluations.)	I have a current uniform. The number is _____. I outgrew and need to purchase a new uniform. My number was _____. I am new to travel soccer. Here are some of my favorite numbers. (list several odd/even numbers below...the registrar will do his/her best to choose favorite numbers, but there is not guarantee.)
Any U10 player born between 08/01/2005-07/31/2006 needs to complete a Playup Consent Form.	You will be contacted by your assigned coach regarding first practice, practice schedule and games.

Please complete this worktable to calculate your player's fees.

	PROGRAM FEE		MY TOTAL
TRAVEL PROGRAM	\$75 Spring Travel Registration Fee	\$	
Fundraiser Donation	Flat Donation optional (you will not be expected to <i>fundraise if a donation is made</i>)	\$	
Travel Uniform	USE OTHER FORM	\$	

Payment: by check or money order only, payable to **SVSC** amount enclosed: \$ _____

*******Please write the player's full name on the lower left corner of the check*******

MAIL COMPLETED APPLICATION & PAYMENT TO:

Trina Pullman, SVSC Travel REGISTRAR, 273 Euclid Avenue, Sharon, PA 16146

- Did you... Fill out all forms? (Registration form, Code of Conduct, Expectations)
- Send in all documents? (picture, birth certificate, etc....usually easier if a picture is taken and emailed or texted)
- Make sure you read and understand Travel Player Expectations?
- Mark your calendar for Player Evaluations?

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