



SHENANGO VALLEY SOCCER CLUB
RECREATION REGISTRATION 2014-2015 SEASON
 Spring Season, 2015

PLAYER INFORMATION:

First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Date of Birth _____ Sex _____ Player Year _____

Parent/Guardian _____ School _____

Preferred Phone Number _____

E-mail (strongly recommended) _____

VOLUNTEERING YOUR TIME IS ESSENTIAL

The Shenango Valley Soccer Club is run solely through the efforts of volunteers.

_____ **COACHING STAFF.** Training will be provided -- an in-depth knowledge of the game is not necessary.

_____ **COACH'S HELPER.** Assist coach, "extra eyes and hands" for coach.

_____ **SIGN IN VOLUNTEER.** Help make team assignments of players during the small sided games on Saturday morning. (U6 and U8)

_____ **FUNDRAISING CHAIR.** Coordinate fall and spring fundraisers and volunteers

_____ **FUNDRAISING.** Help with fundraising needs and deliver materials when necessary

To induce the Shenango Valley Soccer Club to accept registration and permit participation in SVSC by the below named individual, I/we the parent(s) or guardians(s) of said individual, hereby give my/our consent and agree to release, indemnify, and hold harmless its officials, coaches, officers, and representatives, from any claim arising out of injury to the named individual. We also hold harmless SVSC, its officials, coaches, officers, and representatives, from any claim arising out of injuries or conditions caused by or aggravated by my/our refusal to obtain available medical treatment based on religious or philosophical beliefs. I/we, the undersigned parent(s) or guardian(s) of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers as agents. In case of emergency, I/we authorize treatment and/or care of

Child's Name: _____ at any hospital.

Signature of parent: _____

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

If there is an emergency and I/we cannot be reached, please contact:

Name: _____ Phone Number: _____

AGE GROUP				DIVISION/ LOCATIONS	
U6	U8	U10	U12	BLACK DIVISION	YELLOW
08/01/08-07/31/10	08/01/06-07/31/08	08/01/04-07/31/06	08/01/02-07/31/04	Mahaney Park	Hermitage MS Fields

Registration Fee: \$40 for 1 st child, \$35 for 2 nd child, \$30 for each additional child Mommy and Me: \$30	
Fundraiser Donation: minimum of \$25 per family for the 2014-2015 seasons	
T-shirt: \$8	
CIRCLE SIZE: YS YM YL AS AM AL AXL	
This registration form can be mailed, (make check payable to: SVSC) Any person responsible for writing a check that is returned for insufficient funds will be charged the fee that the bank charges to our organization in addition to \$20. Must be received by 3/27/2015	PAYMENT:

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), (please print names.) _____, 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 for 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.

Parent/Guardian's name (printed)

Parent/Guardian's Signature Date

Season 2014-2015

Mail to: Wendy Ruffo 2099 Winner Road Hermitage, PA 16148

For further information please contact: Wendy Ruffo wendy.ruffo@gmail.com or 724-866-4135

Date Received, _____ Check Number, _____ Payment, _____