



FALL 2015 TRAVEL

This form is for the FALL Travel Season,
If you want to register your U10 or U12 player for Recreation, please use the appropriate form.

Mark your calendars: Travel Player Evaluations will most likely take place in the beginning of August. We will inform you if your player needs to attend. (This is if too many people register than a roster will allow.)

Practices and Games: Practices will be scheduled by your team coach and will begin in August. You will be notified once practice time and location is set. Games will most likely be held on Sundays again. (If we have a U10 Lawrence County League team, those games are usually held Saturday mornings.)

PA West Guidelines of Ages for Teams www.pawest-soccer.org

U10 08/01/2005 – 07/31/2007**

U12 08/01/2003 – 07/31/2005

** Any U10 player born between 08/01/2006-07/31/2007 needs to complete a Playoff Consent Form.

Travel Application and all documents are due no later than July 13, 2015

- All players must have a copy of their birth certificate on file with SVSC.
- A HEAD SHOT PHOTO IS NEEDED! It is easiest to email to Registrar at tlpullman@gmail.com or text to 724-854-0721 (Registration is incomplete without this. You cannot be placed on a team without it.)
- All players must have a player ID (Last 6 digits of SS#)
- Please remember to sign the Parent Consent section
- Parent/Guardian's Code of Conduct also must be signed and returned
- Medical Release Form must be filled out and returned
- If you already have a Travel Uniform, please put your current player # on the registration form.

FEES for players: Checks or Money Order made to **SVSC** – Please write player(s) name in lower left corner

- \$100.00 registration is received BY July 13, 2015
- Travel Uniforms (2 shirts, shorts, and socks are required/warm-ups are optional)~ please see order form

REFUND POLICY for Travel: If you decide to withdraw your player before the season starts, you will be refunded your fee paid minus \$5.00 processing fee until 07/20/2015. After this date a refund of your fee minus \$19.50 (PAWest Fee and Processing Fee). There will be no refunds issued after August 1st. If you have questions, or concerns, please call the number listed at the top of this registration.

Fundraiser: SVSC cannot survive without the support of our families and community. Your family may wish to show your support by making an additional donation onto your registration fees. This donation is also made to SVSC and is a tax write-off. We ask all SVSC families donate \$25 by donation and/or fundraising for the 2015-2016 season. THANK YOU for your continued support.

Mail completed form(s), documents and fees to: Trina Pullman, SVSC Travel Registrar, 450 Fairfield Dr., Sharon, PA 16146
Contact Travel Registrar: By email tlpullman@gmail.com; By text 724-854-0721; Or phone call 724-347-1265

SVSC is on Facebook; "Like" us and be sure to request updates for important notifications: Shenango Valley Soccer



SVSC Travel Player Expectations and Requirements for U10 and U12

Travel Soccer can be very rewarding for a player and family...and down right fun. Just look at some of the pictures on our Facebook page. Before your child goes out for a travel soccer team at these levels, please read the expectations below to be sure this program fits your child and your family.

Behavior

Travel players and families represent the Shenango Valley and therefore are expected to be respectful with each other, coaches, other teams, officials, and hosts of games and tournaments.

Knowledge of the Game and Skills

Players at this age level should have soccer experience. This is not for the novice. At the minimum the player should **already**:

1. know how to dribble.
2. know how to pass.
3. know the proper technique for throw ins.
4. know the positions on the soccer field and their roles. (U11/12 and older)
5. have a good consistent first touch when receiving the ball.

Dedication and Commitment

There are limited spaces on a travel team roster, so the team can only be successful if all players are dedicated. Player Evaluations may have to take place to divide teams or if too many players register than can fit on a roster. (Beginning of August) The player and family should understand that this is a commitment with practices that need to be attended and away games that can be just 20 minutes or up to 2 ½ hours away. (There can sometimes be tournaments for an additional fee that the kids enjoy quite a bit.) Because there is limited space on travel teams, parents, please make sure that your player can attend **all** practices and **all** games. Players should miss no more than 1 game in **extreme circumstances** and consistently attends practices or this is unfair to the rest of the players on the team who are truly dedicated. (This is extremely unfair to a dedicated player who may not have made it on a travel team.) If your player cannot attend a practice, you need to contact the coaching staff with a legitimate reason or this will be viewed as lack of commitment. This is how the Recreational Program differs from the Travel Program. In Recreational soccer, the coaches hope players come to as many practices and games as possible. In Travel, it is expected!

Important Note: If your child makes a travel team, attendance will be noted. If your child/family shows poor commitment to practices and games their registration may not be accepted in future travel seasons. (Registration does not guarantee a spot on a team like rec.) The attendance of your player from previous seasons can be shared with the next season's/age level coaches to help the coaching staff make decisions for that season's team roster so they know who the players/families are that they can count on. However, coaches understand that sometimes practices will be missed for valid reasons. Sometimes life gets in the way of soccer.

Examples of **excused absences** (extreme circumstances) might be:



1. Illness/injury (contact coach as soon as possible for games and prior to practices)
Also, an injured player could show extra dedication by going to games and sitting with his/her teammates cheering them on (if able to).
2. Death in the family (contact coach as soon as possible)
3. Academic commitments (contact coach as soon as you know)
4. Family obligations (This should be brought to the coach's attention at the **beginning of the season** and should **only affect 1 game**.
Examples might be: Wedding, First Holy Communion, a vacation booked months prior.)

Because you feel the weather is bad, you don't want to make the drive, or your player or player's sibling has another sporting event is not an excused absence from a game or practice (even if you notify the coaching staff).

- 1 unexcused missed practice = Sit out ½ of the next game.
- 2 unexcused missed practices = Sit out the whole next game.
- 3+ unexcused missed practices = Sit out the next (2) games.

If you know your player will **not** be able to attend the required practices each week (2 to 3 depending upon coaching staff) and will miss **more than 1** game (because of prior obligations), our travel program may not be for your child. We suggest you join Shenango Valley Soccer Club's recreational program. You can get our recreational registration and information from www.shenangovalleysoccer.net.

These expectations are not meant to deter or intimidate anyone from participating in SVSC Travel. Many of you already make sure your children attend their recreational soccer practices and games regularly. Travel soccer would be right in line with what you are used to but with a more competitive level of play. If you are concerned if this is right for your player and family, our contact information is on the front of this form. Please feel free to contact us and we will be happy to help you decide if Travel Soccer is a right fit for your player and family.

 Detach and Return with Travel Registration 

Parent's Name (Print)

Signature

Date

Child's Name (Print)

Team (boys/girls and age level)

Will your player be participating with another soccer club this season? Which one? _____

Please make corrections to anything below. ☺

FALL 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 15-16	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 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)	PA West Guidelines for Ages	
U10	08/01/2005 – 07/31/2007	-I have a current uniform. The number is _____. -I outgrew and need to purchase a new uniform. My number was _____.
U12	08/01/2003 – 07/31/2005	-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 no guarantee.)
Any U10 player born between 08/01/2006-07/31/2007 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	\$100 Spring Travel Registration Fee	\$	
Fundraiser Donation	Flat Donation optional (you will not be expected to fundraise if a donation is made)	\$	
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, 450 Fairfield Dr., Sharon, PA 16146

For registrar's use: date received _____

check #: _____

amount _____

Did you...Fill out all forms? (Registration, Code of Conduct, Medical Release)

Send in all documents? (head shot/picture, birth certificate)

Make sure you read and understand Travel Player Expectations? (sign and return the bottom portion)

Make sure your player is free for Player Evaluations if needed?

If your uniform already fits from the Spring, you do not need to reorder.

GOLD

UNIFORM COST : \$80 (INCLUDED REQUIRED ITEMS ONLY)
 REQUIRED ITEMS : 2 JERSEYS, SHORTS, SOCKS



REQUIRED ITEMS WILL BE SCREEN PRINTED WITH LOGO AND ASSIGNED NUMBERS.
(shorts run long)

SHIRT SIZE	YS	YM	YL	AS	AM	AL	AXL
SHORT SIZE	YS	YM	YL	AS	AM	AL	AXL
SOCK SIZE							

WARM-UPS: \$65 (NOT REQUIRED)



GOLD AND BLACK

JACKET SIZE: (NAME: ON JACKET)	YS	YM	YL	AS	AM	AL	AXL
PANT SIZE:	YS	YM	YL	AS	AM	AL	AXL

OPTIONAL ITEM WILL BE SCREENPRINTED WITH LOGO. ON JACKET NAME WILL BE SCREENPRINTED ON BACK SHOULDER.

PLAYERS NAME: _____ AGE GROUP _____
 PHONE NUMBER _____ EMAIL _____

• TO ENSURE ACCURACY, PLEASE WRITE LEGIBLY.



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),

(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 2015-2016



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

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

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

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's 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: _____ Home Phone: _____ Work 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