

# VALPO SOCCER CLUB

## NORTHWEST INDIANA SOCCER LEAGUE

FALL 2007 / SPRING 2008

REGISTRATION FORM

Early Registration runs until Nov. 15, 2007

Late Spring Registration runs until January 15, 2008

www.valposoccer.org

To help us keep our database current, please place a ✓ in the  for information that has changed since last registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Gender M / F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

\*Returning Players Only: Previous Coach \_\_\_\_\_ Player # on Jersey \_\_\_\_\_ New Uniform: Y / N

\*New Players Only-Soccer Experience : # of Seasons \_\_\_\_\_ Participated in Traveling: Y / N Premier: Y / N

Age Division for FALL 2007/SPRING 2008 (circle): U08 U10 U12 U14

U08 DOB: 08-01-99 to 07-31-01	U12 DOB: 08-01-95 to 07-31-97
U10 DOB: 08-01-97 to 07-31-99	U14 DOB: 08-01-93 to 07-31-95

Illnesses, Allergies or Injuries: \_\_\_\_\_

Siblings Currently Playing for VSC: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Additional Emergency Contact Information-Name/Phone # \_\_\_\_\_

Special Requests: \_\_\_\_\_

The VSC forms teams by the player's standings in annual evaluations.

### I am interested in Volunteering (circle):

Coch  Asst. Coach  Referee  Publicity  Team Parent  Fundraising   
Field Preparation  Registration Assistance  Awards Picnic

The undersigned understands that the Valparaiso Soccer Club, Northwest Indiana Soccer League, Northwest Indiana Soccer Association, SAY or its affiliates are not responsible for any loss or injury incurred while participating in games, practices, or while transporting to said or any other NWIS activity.

As the Parent, Legal Guardian, or Representative of, consent is given for above Player to participate in League activities by waiving liability of the League.

As the parent or legal guardian of the above named players, I hereby give consent or emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Player Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### Please check off and return the following items to:

VSC Registrar PO Box 1672, Valparaiso IN. 46385

- Completed VSC/NWISL Registration form
- Board of Health Birth Certificate (Copy) – for new players only
- 2 small photos – head shot only (1x1) - Name and Date of Birth on back, stapled to corners of form
- \*Registration Fee: \$75.00 (AFTER NOV 16, 2007 - \$90.00)
- \*Uniform Fee: \$55.00 jersey, shorts and socks
- Jersey Size (circle): YM YL AS AM AL Short Size (circle) : YM YL AS AM AL

\*Make all non-refundable checks payable to: Valpo Soccer Club