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VALPO SOCCER CLUB REGISTRATION FORM

NORTHWEST INDIANA SOCCER LEAGUE

Spring 2010 Registration open now thru- Jan 13, 2010

Late fall Registration begins Jan 14th -based on team ability

www.valposoccer.org

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

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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 Players Only-Soccer Experience: # of Seasons _____ Participated in Traveling: Y/N Premier: Y/N

Age Division for Spring 2010 (circle): U08 U10 U12 U14

U08 DOB: 08-01-01 to 07-31-03	U12 DOB: 08-01-97 to 07-31-99
U10 DOB: 08-01-99 to 07-31-01	U14 DOB: 08-01-95 to 07-31-97

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.

As a Non-For-Profit Organization we rely heavily on parent volunteers, we need you to volunteer in the following ways:

Circle One: Coach Asst. Coach Team Parent

How did you learn about Valpo Soccer? Flyer Banner Website Newspaper Radio Other _____

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 or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Guardian Signature _____ Date _____



Please check off and return the following items, along with the completed Registration form to:

VSC Registrar PO Box 1672, Valparaiso IN. 46385

- Board of Health Birth Certificate Copy (If not already on file)
- 2 small photos – head shot only (1x1) -New players only - Name; DOB on back, stapled to corners of form
- *Single Player Registration Fee: \$75.00 (AFTER Jan 13, 2010 - \$90.00)
- * Multiple-Player Family Discount: 2 children - \$130, 3 children - \$185 *Does Not Apply After Jan 13, 2010
- *Ordering New Uniform: (circle one): Yes / No - 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