



## **Co-Ed Soccer League Registration 2024**

PLAYER INFORMATIO	N					
Last Name:	First Name:			Male	Female	
Date of Birth:	Cur	Current Grade:				
PARENT/GUARDIAN INFORMATION (will be used for team communication)						
Mother's Name:	Pł	none:	ne: Email:			
Father's Name:	Pł	Phone:		Email:		
Your help is essential to our league. Please volunteer by circling one or more.						
COACH_	ASST. CC	OACH	RE	FEREE		
Check the appropriate box which applies. Already have a uniform jersey						
Need to purchase uniform jersey (\$15) Indicate size below						
Youth S		Youth M		Youth L		
Jersey Size						
MEDICAL WAIVER I authorize the sponsors of this soccer league to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Spring Valley Academy and the soccer league volunteers from all liability. I hereby warrant that my child is in good physical condition and is medically capable of participating in camp. I also attest that we possess medical insurance. Participation in the camp is at your own risk and neither SVA nor any coach or instructor shall be liable for any injury or damages resulting from participating in the camp. We urge you to consult with a qualified physician before attending the camp. By signing this form, you, on behalf of yourself and your child or other persons for who you are legal guardian, confirm: (1) That you understand the statements contained on this form: and (2) That you release SVA and each instructor from any claim, liability, injury, or damages occurring during this camp.						
Parent Signature	gnature Pr		int Name:		Date	
• Zelle to hom	45 (USING YOUR JERSE DFF REGISTRATION FOR the MAIN OFFICE or en	THE SECOND CHIL nail/screenshot fo  & School lleyacademy.org	D AND	nssvasoccerleague	e@gmail.com	

DEADLINE FOR APPLICATION & PAYMENT IS JUNE 7<sup>th</sup> - \$20 Late fee AFTER deadline added