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VALPO SOCCER CLUB

NORTHWEST INDIANA SOCCER LEAGUE

FALL 2008

REGISTRATION FORM

Fall Registration - May 19, 2008- June 30, 2008

Late Fall Registration begins July 1, 2008 * based on team availability

www.valposoccer.org

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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 2008/SPRING 2009 (circle): U08 U10 U12 U14

U08 DOB: 08-01-00 to 07-31-02	U12 DOB: 08-01-96 to 07-31-98
U10 DOB: 08-01-98 to 07-31-00	U14 DOB: 08-01-94 to 07-31-96

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):

Board Member Coach Asst. Coach Referee Publicity Team Parent Fundraising
Field Preparation Registration Assistance Picture/Registration Days

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.

Player Signature _____

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)
- 2 small photos – head shot only (1x1) - Name and Date of Birth on back, stapled to corners of form
- *Single Player Registration Fee: \$75.00 (AFTER June 30, 2008 - \$90.00)
- * Multiple-Player Family Discount: 2 children - \$130, 3 children - \$185 *Does Not Apply After June 30, 2008
- *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