



# United Valley Soccer Association

## Fall Registration Form



Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_ School District: \_\_\_\_\_ Grade in the Fall: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

<b><u>Registration Fees:</u></b>	
<b>All age levels: \$40.00 per child</b>	<b>Sibling discount \$5.00 per child</b>
<b>Make checks payable to: <u>UVSA</u></b>	<b><i>Returned checks will be charged \$25.00</i></b>

1. I am the parent/guardian of the above named minor child (player). I hereby grant my permissions for him/her to participate in the soccer program sponsored by United Valley Soccer Association.
2. I hereby grant my permission for my child to be treated by a Medical Doctor, Physician Assistant, Nurse Practitioner, Athletic Trainer, EMT/Paramedic, and/or Nurse in case of injury or illness and I cannot be reached.
3. We hereby agree that the Soccer Association for Youth (SAY) its members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY, and we agree to indemnify and to hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

### **Medical/Insurance Information:**

Insurance Co: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Medical Conditions (include allergies, asthma, heart conditions, diabetes, seizure disorder). Please indicate none if no medical conditions:

\_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

### **Secondary Emergency Contact Persons (OTHER THAN PARENTS):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***UVSA requires a copy of a birth certificate for NEW player registrations only.***

<b><i>For UVSA use only</i></b>					
Amount Paid: _____	Check #: _____	Cash: _____	BC: _____	IHS: _____	

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**Player Name(s):** \_\_\_\_\_

**Parent Code of Conduct**

I hereby pledge to provide positive support, care, and encouragement for my child participating in United Valley Soccer by following this Parent Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice.

I will place the emotional and physical wellbeing of my child ahead of my personal desire to win.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth soccer events.

I will remember that the game is for youth – not adults.

I will do my very best to make youth sports fun for my child.

My child and I will treat other players, coaches, fans and officials with respect.

I will help my child to enjoy the youth soccer experience by doing whatever I can, such as being a respectful fan and assisting the coach as needed.

**General Rules**

Spectators are to remain behind the spectator lines at all times.

Spectators who harass players, coaches or officials will be asked to leave.

Prohibited at the fields are alcohol, tobacco, drugs, profanity and animals of any type.

Children should be supervised at all times.

By signing below I state that I have read and agree to abide by the above Code of Conduct and General Rules.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

**Consent for Use of Photographs**

By signing below, I agree that photographs taken of my child, while he or she is participating in United Valley Soccer Association activities, by United Valley Soccer Association will be the property of United Valley Soccer Association. These photos may be used in newspapers, advertising brochures, unitedvalleysoccer.com and UVSA's Facebook page.

\*No names will be used with photographs posted on the website and/or Facebook.\*

\*Names will be used with photographs printed in the local newspaper.\*

By not signing below, I am declining the use of photographs of my child.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_