



\$50.00 Registration fee to S.V.S.L  
P.O. Box 48, Hellertown, Pa 18055

## Saucon Valley Soccer League Player Registration Spring 2019

Official Use:  
Fee Paid \_\_\_\_\_  
Check # \_\_\_\_\_ or Cash

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of April 2019: \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #:(\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Parental Agreement

I agree that the Saucon Valley Soccer League is a learning and fun experience for my child. I fully support the SVSL overall objectives to develop *fundamental skills, teamwork, and sportsmanship*.

The best way for my child to learn sportsmanship is by my good example. I will cheer for my child and other participants (teammates and opponents) with *positive encouragement!*

I fully agree with the SVSL motto: *"To Win is Great, But to Play is the Greatest!"*

Recognizing the possibility of physical injury associated with soccer and in consideration for the SVSL/EPYSA accepting the registration for its soccer programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the SVSL/EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

Medical Insurance Carrier: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Known allergies or other pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Name (Please Print): \_\_\_\_\_