

## SCVAA – FALL 2018 SOCCER REGISTRATION

<b><u>League</u></b>	<b><u>Grade</u></b>	<b><u>Fee</u></b>	
			\$20.00 late fee after July 1st, 2018
			20% service fee assessed on all refunds
			No refunds after July 31 <sup>th</sup> .
K/1	K and 1 <sup>st</sup>	\$60	<b>Register &amp; pay on-line at <a href="http://www.scvaa.org">www.scvaa.org</a></b>
2/3	2 <sup>nd</sup> and 3 <sup>rd</sup>	\$70	Or make checks payable to V.A.A. and
4/5	4 <sup>th</sup> and 5 <sup>th</sup>	\$80	Mail to: SCVAA-Soccer
6/7/8	6 <sup>th</sup> thru 8 <sup>th</sup>	\$90	PO Box 44
			Stillwater, MN 55082

### League Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Gender  M or  F      Grade (Fall 2018- Spring 2019) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here to put siblings in the same league on the same team. Sibling Name: \_\_\_\_\_

Grades K - 8 <sup>th</sup> . (Beginning 2018/2019 school year)			
<i>Circle school closest to your residence/teams will be chosen by location of residence</i>			
Afton Lakeland	Mounds Park	Rutherford	
Andersen	New Heights	St. Croix Catholic	Stonebridge
Brookview	Oak-Land Middle	St. Croix Prep.	
Lake Elmo	Other	Salem Lutheran	
Lily Lake	River Grove	Stillwater Middle	

### Parent/Guardian Information

Name \_\_\_\_\_ Phone (W/H/M) \_\_\_\_\_ e-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone (W/H/M) \_\_\_\_\_ e-mail \_\_\_\_\_

Head Coach       Assistant Coach       Co- Coach

Coaches Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Each family that registers a youth is asked to volunteer time to help with the program

Years Coaching VAA Soccer \_\_\_\_\_ Identify who you would like to coach with: \_\_\_\_\_

Other Opportunities:     Olympics     Fields/Goals     Commission     Referee     Other

### Parent/Legal Guardian Agreement

*I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Croix Valley Athletic Association (SCVAA), its affiliated organizations and sponsors. The SCVAA reserves the right to assign all players, approve all coaches, and limit the number of registrations/participants per team. Recognizing the possibility of physical injury associated with this sport and in consideration for the SCVAA accepting the player for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the SCVAA and 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 a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also understand that my child/children remain my responsibility while participating in, being transported to or from and anytime they are in the company of other players, parents, coaches and officials associated with SCVAA events. I hereby understand that the SCVAA is responsible only for the formation and scheduling of the activities and that the safety and well being of my child remains my responsibility.*

Parent/Legal Guardian (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature X \_\_\_\_\_

For additional information please refer to the VAA web site at <http://www.scvaa.org>