



# Shenandoah Valley United, Inc.

Shenandoah Valley United Soccer Club offers a recreational soccer program open to any player, ages 4-18 (as of August 1, 2009), who is interested in having FUN in an organized and developmental environment.

**Coaches are recruited and trained** by a qualified staff of nationally certified coach trainers in the best methods to teach younger players the game of soccer. Parents are encouraged to become trained coaches.

Each team **practices once a week and will play one game** on Friday or Saturday at a facility with multiple fields so that all games are occurring in a convenient and festive atmosphere . . . Great Fun!

- Practices are held at Smithland Fields or a location among the Harrisonburg City Schools or Public Parks.
- Every attempt is made to schedule all games at Smithland Fields on Smithland Road in Harrisonburg.
- All players are supplied a full uniform which is theirs to keep.
- More info including age divisions, fees, and registration at [www.ShenValleySoccer.com](http://www.ShenValleySoccer.com)

Our recreation program also serves as a developmental progression towards our Academy and competitive Travel programs. Please see our website for a full description of other programs.

**The Spring Rec League Season begins March 20 with games continuing through the end of May. Registration is now open. An early bird discount is offered for all players registered before January 15; and a late fee is imposed on any registration received after February 15 with a cutoff date of March 1, 2010.**

**\*\*\*Preferred Registration – Online at [www.ShenValleySoccer.com](http://www.ShenValleySoccer.com)\*\*\***

### Mail-In Registration

1. Complete registration form below.
2. Mail application and check payable to SVU to:  
Shenandoah Valley United  
Post Office Box 370, Harrisonburg, VA 22803

### In-Person Registration

1. Complete registration form below.
2. Bring application and payment to:  
Harrisonburg Parks & Recreation  
305 S Dogwood Drive, Harrisonburg, VA 22801

### Please Print. Use One Form Per Child.

#### PRIMARY PARENT/GUARDIAN INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ Email Address: \_\_\_\_\_

#### SECONDARY PARENT/GUARDIAN/CONTACT INFO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ Email Address: \_\_\_\_\_

#### PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_\_  
 Email: \_\_\_\_\_ Seasons of past soccer experience: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Physical conditions or allergies coach should know about: \_\_\_\_\_

Indicate Uniform Size ( *YXS, YS, YM, YL, AS, AM, AL* ): Jersey \_\_\_\_\_ Shorts \_\_\_\_\_

**\*Players must provide their own shin guards – cleats optional.**

Indicate Practice Day/Time Conflicts: \_\_\_\_\_

**\*You may request a team/coach but placement cannot be guaranteed.**

**RECREATIONAL DIVISION / AGE GROUP**

Indicate program based on age as of September 30, 2008:

Virginia Youth Soccer Association sanctions age groups from August 1 to July 31; however, SVU will allow children to play-up with their age group/grade-level peers if they were born in the 60-day window from August 1 to September 30 (cut-off for school enrollment) so they can play with their grade-level peers.

- \_\_\_ U-5 COED (ages 4; Birth date between 8/1/2004 and 9/30/2005)
- \_\_\_ U-6 COED (ages 5; Birth date between 8/1/2003 and 9/30/2004)
- \_\_\_ U-7 COED (ages 6; Birth date between 8/1/2002 and 9/30/2003)
- \_\_\_ U-8 Boys/Coed and Girls Only\* (ages 7; Birth date between 8/1/2001 and 9/30/2002)
- \_\_\_ U-10 Boys/Coed and Girls Only\* (ages 8, 9; Birth date between 8/1/99 and 9/30/2001)
- \_\_\_ U-12 Boys/Coed and Girls Only\* (ages 10, 11; Birth date between 8/1/97 and 9/30/99)
- \_\_\_ U-14 COED (ages 12, 13; Birth date between 8/1/95 and 9/30/97)
- \_\_\_ U-18 COED (ages 14, 15, 16, 17, 18 Birth date between 8/1/91 and 9/30/95)

*\*U8, U10 & U12 plan to organize a "Girls Only" division and a "Coed" division. If registration numbers are not sufficient to support separate divisions or age groups, then joining two age groups or going from a "Girl's Only" division to "Coed" may be necessary.*

I prefer to play: \_\_\_\_\_ Boys/Coed Division \_\_\_\_\_ Girls Division\*

**ADDITIONAL PROGRAMS**

Program	Fee
___ Footskills I (U-6 – U10) 6 sessions – 1 session per week for six weeks	\$60
___ Footskills II (U-11 – U18) 6 sessions – 1 session per week for six weeks	\$60

**Fee Information**

U5, U6, U7, U8 \$62 per child (Spring 2010 Season) \$ \_\_\_\_\_

U10, U12, U14, U18 \$77 per child (Spring 2010 Season) \$ \_\_\_\_\_

-\$10.00 per child **Early Bird Discount** BEFORE January 15 Subtract -\$ \_\_\_\_\_

+\$10.00 per child **Late Fee** AFTER February 15 Add +\$ \_\_\_\_\_

Additional Programs Selected Above +\$ \_\_\_\_\_

I wish to make a donation to Shenandoah Valley United to be used to scholarship players that otherwise could not afford (please specify amount) Add +\$ \_\_\_\_\_

**TOTAL Fees / Donation:** \$ \_\_\_\_\_

**GRANTS / SCHOLARSHIPS**

A limited number of grants are available for those who may need financial assistance. You must complete a scholarship application which can be found at [www.ShenValleySoccer.com](http://www.ShenValleySoccer.com) or are available where this form was obtained. For more information on scholarships, contact Rebecca Poma, SVU Club Administrator at [ShenValleySoccer@yahoo.com](mailto:ShenValleySoccer@yahoo.com).

**In case of injury to my/our child, I/we waive all claims against the organizers, sponsors and/or any of the supervisors.**

**Parent Name (Print):** \_\_\_\_\_ **Parents Signature:** \_\_\_\_\_

**VOLUNTEERS**

Shenandoah Valley United relies on our **volunteers**. To assure each child has an opportunity to play on a team, **we need coaches, assistant coaches, team support parents and others!!**

I Will: \_\_\_\_\_ Coach \_\_\_\_\_ Asst Coach \_\_\_\_\_ Support Parent

Other (please indicate): \_\_\_\_\_

**Anyone having direct contact with children will have to go through our Kidsafe Program.**

If you are registering as a Volunteer that would be in direct contact with the players (Head Coach, Asst Coach), please provide the following additional information for our Kids Safe program:

Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Any felony convictions: Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_