



Shenandoah Valley United, Inc.

Fall 2011 Season --- September 5th through November 12th
For all youth, ages 3 through 18 (As of August 1, 2008)
Guarantee your place in the Fall Soccer League. Register Early!

Registration Open – May 1st; Registration Closed – August 1st, 2011

You may register by either of the following methods:

*****Preferred – Online at www.shenvalleysoccer.com*****

Mail-In Registration

1. Complete registration form below.
2. Enclose check to Shenandoah Valley United
3. Mail to: 54 East Market Street
Harrisonburg, VA 22801

In-Person Registration

1. Complete registration form below.
2. Bring application and payment to:
54 East Market Street, 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: _____

School: _____ Grade: _____ Seasons of past soccer experience: _____

Physical conditions or allergies coach should know about: _____

Uniforms (please indicate size – YXS, YS, YM, YL, AS, AM, AL):

***Players must provide their own shin guards – cleats optional.** Uniform Size _____

Practice Day/Time Conflicts (please indicate): _____

Program: Please indicate (you may not request a team/coach).

_____ **Boys/Coed Division***

_____ **Girls Division***

*U6, U7, U8, U10, U12, U14 and U18 will plan to organize a "Girls Only" division and a "Coed" division; however, if the registration numbers are not sufficient to support these separate divisions or age groups, then going from a "Girl's Only" division to "Coed" or adjusting age groups may be necessary.

Recreational Division / Age Group: Please indicate (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-4 (ages 3; Birth date between 8/1/2007 and 9/30/2008)
- _____ U-5 (ages 4; Birth date between 8/1/2006 and 9/30/2007)
- _____ U-6 (ages 5; Birth date between 8/1/2005 and 9/30/2006)
- _____ U-7 (ages 6; Birth date between 8/1/2004 and 9/30/2005)
- _____ U-8 (ages 6, 7; Birth date between 8/1/2003 and 9/30/2004)
- _____ U-10 (ages 8, 9; Birth date between 8/1/2001 and 9/30/2003)
- _____ U-12 (ages 10, 11; Birth date between 8/1/1999 and 9/30/2001)
- _____ U-14 (ages 12, 13; Birth date between 8/1/1997 and 9/30/1999)
- _____ U-18 (ages 14, 15, 16, 17, 18 Birth date between 8/1/1993 and 9/30/1997)

Fee Information

U4 - \$40 per child (Fall 2011 Season) \$ _____

U5, U6, U7, U8 - \$50.00 per child (Fall 2011 Season) \$ _____

U10, U12, U14, U18 – \$65.00 per child (Fall 2011 Season) \$ _____

\$-10.00 per child Early Bird Discount IF BEFORE June 1st Subtract -\$ _____

UNIFORM REQUIRED \$+ 17.00 +\$ _____

PLEASE NOTE: The uniform is the same as the 2011 Spring Season.

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. Please contact JM Snell, Recreational League Director at ShenValleySoccer@yahoo.com to make this request.

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 is run by **volunteers**. To assure each child has an opportunity to play on a team, **we need coaches, assistant coaches and administrators!! Anyone having direct contact with children will have to go through our Kidsafe Program.**

I Will: Coach _____ Asst Coach _____ Support Parent _____

Other (please indicate): _____

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

Birthdate _____ Social Security # _____ Driver's License # _____

Any felony convictions: Yes _____ No _____ If yes, please explain: _____