



## **2012 VALLEY SOCCER INTRAMURAL PROGRAM**

**Intramural program is open to boys and girls ages 6-15  
(born between 8/31/96 and 8/31/2006)**

### **REGISTRATION FEE:**

\$60 for the first player, \$55 per additional player per family

Fundraising: To keep the costs low, each family is required to sell a minimum of 5 Joe Corbi's items **OR** pay a \$30 FAMILY buyout at the time of registration

### **REGISTRATION DATES AND TIMES:**

**Drop off registrations:** @ the UPSD Ed Center located at: 2229 E. Buck Rd. Pennsburg, PA  
Saturday, February 18, 10:00 am - 12:00 pm  
Saturday, February 25, 10:00 am - 12:00 pm  
Saturday, March 3, 12:00 - 3:00 pm

**Mail in registrations:** please mail your registration form and check to:  
Valley Soccer Club, 12 Schoolhouse Rd, Hereford, PA 18056

**~ DEADLINE for mail-in registrations is Saturday, March 3rd ~**

### **SEASON DATES AND TIMES**

Opening Day ~ Saturday, May 12<sup>th</sup>

Closing Day ~ Saturday, June 30<sup>th</sup>

Games will be played Monday-Friday @ 6 or 7:15 pm

Saturdays between 9 am - 3 pm

### **VOLUNTEERS:**

To make the Valley Soccer Intramural program a success parent volunteers are needed. Please volunteer your time by helping to coach or be team parent. It's only with the help of the parents of this club that we are able to continue a successful, fun program for the kids. Thank you!!

**\* Parents are required to work 30 minutes in the snack stand during the season\***

For more information please visit the Valley web site at [www.valleysc.org](http://www.valleysc.org) or contact David Lingenfelter at 215-541-4219 or email [davidl96@comcast.net](mailto:davidl96@comcast.net) for more information.



# Valley Soccer Club 2012 Outdoor Intramural Registration Form

DO NOT WRITE IN  
THIS SECTION

## PLAYER INFORMATION:

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ GRADE \_\_\_\_ MALE \_\_\_\_ FEMALE \_\_\_\_ SIBLING \_\_\_\_\_

## EXPERIENCE:

\_\_\_\_ NEW PLAYER \_\_\_\_ TRAVEL TEAM PLAYER (PAST OR PRESENT) \_\_\_\_ SCHOOL TEAM PLAYER (PAST OR PRESENT)

UNIFORM SIZES	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large
Chest	30-32"	32-34"	34-36"	36-38"	38-40"	40-42"	44-46"
Waist	20-22"	22-24"	24-26"	26-28"	32-34"	36-38"	40-42"
Jersey							
Shorts							

REGISTRATION FEE (\$60 1<sup>st</sup> player, \$55 additional player): \$ \_\_\_\_\_ fundraising family buyout (\$30) Y / N TOTAL \$ \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION:

MOTHER \_\_\_\_\_ ADDRESS (if different from player) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER \_\_\_\_\_ ADDRESS (if different from player) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## VOLUNTEERS: PLEASE MARK "F" FOR FATHER OR "M" FOR MOTHER

\_\_\_\_ COACH \_\_\_\_ ASSISTANT COACH \_\_\_\_ TEAM PARENT

## MEDICAL EMERGENCY -In case parent or guardian cannot be reached, please contact:

NAME AND RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

Any major illness or injury within the past year? \_\_\_\_\_

Any allergic reactions prescribed medications or medical problems? \_\_\_\_\_

PRIMARY HEALTH INSURANCE CARRIER \_\_\_\_\_ Identification # \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT -As parent or guardian of the above registered player, I hereby give my consent for emergency care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent;

USYSA/USSF RELEASE STATEMENT -As parent or guardians of the registrant, a minor, agree that the registrant and I will abide by the bylaws and regulations of the association and its affiliated organizations (Eastern PA Youth Soccer Assoc., EPYSA and Valley Soccer Club, VSC). Recognizing the possibility of physical injury associated with soccer and in consideration for VSC accepting the registrant for its programs and activities; I hereby release, discharge and otherwise indemnify these associations, their sponsors, employees and personal, 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 registrants participation, and of being transported to or from the same which transportation I authorized.

Parent/Guardian Signature \_\_\_\_\_ Dated \_\_\_\_\_

Internal Use Only: Amt. Pd. \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_ Rec'd by \_\_\_\_\_