

VENTURE CHURCH YOUTH SOCCER LEAGUE 2010

NOTE: Forms are not processed without payment.

Phone: 997-4636, FAX: 997-4685, e-mail: tquigley@venturechristian.org

Website: www.venturechristiansports.org

PURPOSE OF THE LEAGUE: To ultimately honor and glorify God by providing a well balanced league of competition and development both physically and spiritually for the new soccer generation! Soccer is a game that takes heart, motivation, endurance, and the ability to accept defeat as it can be the most unfair/grueling game to be a part of. It is Venture's purpose to equip the new soccer generation with the most important tools to be successful in life and sports by demonstrating a **God First** attitude in everything that we do, on and off the field.

REGISTRATION INFORMATION

Dates:

Regular Registration: July 5-31, 2010 (must be postmarked by July 31 to receive discount)

Late Registration: August 1-13, 2010

****An additional \$5 per day will be incurred each day after August 13 through August 28.**

Fees:

Mini-Kickers (2-4 years old):

Under 6 (co-ed):

Under 8 Boys and Girls:

Under 10 Boys and Girls:

SEPARATE REGISTRATION FORM

Regular \$70; Late \$80

Regular \$75; Late \$85

Regular: \$80; Late \$90

Includes: Officials, field usage, use of uniform, team pictures, participation certificate, Awards Night

Uniform provided (includes socks)-cleats with rubber studs only and shin guards required. You will be required to return the uniform but can keep the socks.

GAME DAYS AND TIMES:

Saturdays, September 11 - November 6, 9:00am-4:00pm

Picture Day: TBD (at Kring Field)

Awards Night: Monday, November 8, 6:00pm

REFUND POLICY: 100% (less \$10) before Rating Clinic, 50% after Rating Clinic.

NO REFUND AFTER UNIFORMS ARE DISTRIBUTED.

SIBLING DISCOUNT:

First two children: full price

3rd child and additional: 25% discount

(on lower rate)

KEEP THIS PAGE

Rating Clinic (Mandatory)
Venture Church—Kring Field
Saturday, August 28
ALL PLAYERS MUST ATTEND
(at starting time)

U6 (co-ed): No Rating Clinic

U8 Girls: 9:00-10:00am

U8 Boys: 10:00-11:00am

U10 Girls: 11:00am-noon

U10 Boys: noon-1:00pm

PLEASE be on time—you will be at the clinic for the whole hour

2010 YOUTH SOCCER REGISTRATION FORM

Forms are not processed without payment.

Sports Office/Venture Christian Church
16845 Hicks Road, Los Gatos, CA 95032
Office: 997-4636 ... Fax: 997-4685

Check Division

- U6 CO-ED (turning 5-6 during season)
- U8 BOYS (turning 7-8 during season)
- U8 GIRLS (turning 7-8 during season)
- U10 BOYS (turning 9-10 during season)
- U10 GIRLS (turning 9-10 during season)

(PLEASE USE INK AND PRINT CLEARLY)

Name _____ Parents Names _____

Address _____ City _____ Zip _____

E-mail _____ Mom _____ Dad _____

Phone: (Home) _____ (Work) _____ Mom _____ Dad _____

(Cell) _____ Mom _____ Dad _____ (Cell) _____ Mom _____ Dad _____

Age _____ Birth date _____ Grade _____ Height _____ ft. _____ in. Weight _____

T-shirt Size (circle one): CHILD: S M L XL ADULT: S M

Name of church attending if applicable _____

Requests: (1 sibling and 1 friend only!) _____

Any day you cannot practice? _____ (NOTE: no guarantees)

WAIVER AND INFORMED CONSENT STATEMENT FOR:

_____ (name of child)

In consideration of registering for participation in the activities of the Venture Christian Church Sports Ministry, I agree to allow my child's image to be used in any photo, video, or online source for the purposes of marketing the league. This image will become the property of VCC, and I waive any rights of compensation or ownership thereto. I also hereby affirm my child to be medically able to participate in the activities offered by VCC Sports Ministry in playing soccer. (I understand that there are risks that may include disabling injury and/or death involved in all physical activities, and I agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities undertaken.) I agree to hold free from any and all liability the Venture Christian Church and its respective officers, employees, members, volunteers, and sponsors, and do hereby for myself, heirs, executors, and administrators waive and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to me arising out of or in any of the activities of the Venture Christian Church Sports Ministry. I have been apprised of and acknowledge the particular hazard and potential danger involved in allowing my child's participation in the 2010 Soccer League season. I give my permission to medical staff to secure a licensed physician in the case of an emergency in order to provide the necessary care.

Signature _____

Date _____

Emergency Phone #1 _____

#2 _____

Preferred hospital _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Insurance Provider _____

Please list any allergies, serious injuries, or special medical procedures:

PARENTS: Are you available to be a:
 Coach* Assistant Coach
 Official Team Mom
 Prayer Partner
*Must meet minimum requirements

OFFICE USE ONLY

Fee Payment _____

Date paid _____

Check # _____ Cash _____

Rec'd by _____