



## SVDP FALL SOCCER 2024

### REGISTRATION:

To register (1st-8th grade in the Fall), please fill out all **three** forms:

- SVDP Soccer Registration Form
- PPSA Release and Waiver of liability for minor participants
- Concussion Information sheet (page 2)

All forms and fees must be received in the school or parish office by **Friday, May 24**. We try to make the teams even, so please try to sign up on time. Games will be played on Monday, Tuesday or Thursday evenings and/or Saturday mornings at the Mossville Soccer Complex, 12026 N Old Galena Rd. The frequency and location of practices will be at the discretion of the individual coaches. Practices may begin on August 1 with games mid-August. The season will conclude by early October.

### FEES:

The registration fee is \$40 and does not include a team shirt. Any player that has a shirt from a previous season with all white lettering can be reused and will not need to purchase a shirt. Shirts can be purchased for \$15 each as indicated on the registration form. Purchased shirts will be distributed at practice prior to the first game. Please make all checks payable to SVDP Soccer.

### Forms will not be accepted without payment.

Each family will receive an email prior to the start of practices that will include a game schedule, as well as a team listing so that any necessary arrangements can be made for carpooling with other players on your child's team. **Teammate requests or coach requests will not be accepted.** Siblings in the same age/gender group will automatically be placed on the same team.

### COACHES:

We are always in need of both assistant and head coaches. Please consider volunteering your time. If interested, please fill out the attached coach registration form. Please note: All coaches, assistant coaches and volunteers of any kind from Parishes in the Diocese of Peoria must complete a CDFS background check (CANTS) and attend the Safe Environment online video program prior to any involvement in the program. A certificate of completion will be good for 5 years. Coaches will also need to complete a Concussion Certification every 2 years.

If you have any questions about SVDP soccer, please Sarah Chaddock at sarah\_chaddock@hotmail.com or 309.360.7751.

# SVDP SOCCER REGISTRATION (1<sup>st</sup> – 8<sup>th</sup> Grade)

Please complete a separate registration form, waiver and concussion form for each participant

Player's Name: \_\_\_\_\_

Grade in Fall '24: \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

Email address(es) that you would like to receive information regarding soccer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During soccer is this player also participating in

Travel soccer  Girls Basketball  Football  Cross Country  Other \_\_\_\_\_

Team Shirt Needed: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Quantity (\$15 each): \_\_\_\_\_

Size (Circle One): Youth S (6/8) YM (10/12) YL (14/16)

Adult S (34/36) M (38-40) L (42/44) XL (46/48)

Registration fee \$ 40

Shirt (\$15 each) \$ \_\_\_\_\_

Soccer Socks (\$14 pair) \$ \_\_\_\_\_

Total Included: \$ \_\_\_\_\_

Office Use Only

- Concussion
- Waiver
- Payment

**Please make checks payable to SVDP SOCCER. Return by May 24**