



Valley AFC
Soccer School Fall 2010
Mail registration form and payment to:
VAFC, PO Box 20045, Roanoke, VA 24018



Academy Registration (ages 8-10):

Day/Dates: Thurs 6:15-7:30pm and Sats 10:30-11:45AM, 9/4 through 10/23/2010

Weather Cancellation: see website at www.valleyafc.org

Divisions: U10 boys, U10 girls, U9 boys, U9 girls; Maximum 30 players per division

Location: XPEDX on Salem across from Lee-Hi Lanes (directions on website > fields)

Cost: \$135 per season (cost includes uniform top, shorts, & socks)

Games: 3-4 Saturday games, details TBA (games within one hour drive)

Registration Deadline: August 27, 2010

Camp Director: Bland Sigmon

Player Name: _____ Gender _____

Age as of (9/4/10) _____ Date of Birth _____

Uniform size (circle one):					
YS 6-8	YM 10-12	YL 14-16	Adult S	Adult M	Adult L

Parent's Name _____

Street Address _____

City _____ VA, Zip _____

Phone Number (H) _____ (W) _____

(Cell) _____

E-Mail _____

LIABILITY RELEASE AND CONSENT FOR MEDICAL TREATMENT

As the parent or guardian of the player enrolled in Valley AFC's Soccer School program, I understand that soccer is at times a physical, contact sport. I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Valley AFC, Inc. and its directors, employees, and staff from any claim, suit, demand or action arising in connection with the player's participation.

Personal medical insurance is required. If the player requires medical attention, every effort will be made to contact the player's parent/guardian or emergency contact. In the case of an emergency the player may be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Valley AFC, Inc. for medical services provided.

I have read and accept the Valley AFC Policy Statement above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____