



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



Little Strikers Registration (ages 4-7):

Day/Dates: Saturdays, September 4 through October 9 (Rain date of 10/16/10)

Weather Cancellation: see web site www.valleyafc.org

Time: 9:00 a.m. —10:00 a.m.

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

Cost: \$70.00 (cost includes T-shirt)

Registration Deadline: August 27, 2010

Director: Bland Sigmon

Player Name: _____ Gender _____
 Age as of (9/4/2010) _____ Date of Birth _____

Shirt size (circle one):

YS 6-8	YM 10-12	YL 14-16	Adult S	Adult M	Adult L
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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: _____