

VENTURE CHRISTIAN CHURCH

Phone: 997-4642, FAX: 997-2546, e-mail: mschlechter@venturechristian.org, Website: www.venturechristian.org

YOUTH SOCCER LEAGUE 2008

CHANGED REGISTRATION FORM!

(If you have already registered you do not need to do it again)

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

Register by July 30th

Fee: 2-4 year olds - \$55.00 (No rating clinic)

Fee: Under 6 Coed Division - \$80

Fee: Under 8 Coed Division - \$85

Fee: Under 10 (Boys) Division - \$90

Game Days: Saturdays, September 6 - November 15

Game Times: 9:00am - 1:00pm

Picture Day: Saturday, September 20, 2008 (at Kring Field)

Awards Dessert: Monday, November 17, 6:30pm

Fee includes: Use of uniforms, Team & Individual Pictures, Fields, Coaches, and Awards

NEW! CAMP/ RATING CLINIC - at Kring Field

ALL PLAYERS MUST ATTEND (at starting time)

Under 6 - Mon.-Wed., July 28th - 30th 8-9 AM

Under 8 - Mon.-Wed., July 28th - 30th 9-10 AM

Under 10 boys - Mon.-Wed., July 28th - 30th 10-11:30AM

If you have an irreconcilable conflict, please make arrangements by calling 997-4642

REFUND POLICY - 100% (less \$10.00) before the Rating Clinic, 50% after Rating Clinic. NO REFUND AFTER UNIFORMS ARE ORDERED.

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-----KEEP TOP FOR INFORMATION-----

2008 YOUTH SOCCER REGISTRATION FORM

Please fill out completely and mail or bring in with check to:

Venture Christian Church/ Sports Office
16845 Hicks Road, Los Gatos, CA 95032-6699
(Phone: 408-997-4642) (FAX: 408-997-2546)

DIVISIONS

2-4 Year Olds (Co-Ed) Lil Kicker's
Under 6 (Co-Ed) Beginner - Birth dates - 8-1-02 to 7-31-03
Under 8 (Co-Ed) Tyke - Birth dates - 8-1-00 to 7-31-02
Under 10 (Boys) Middle - Birth dates - 8-1-98 to 7-31-00

(Please use an ink pen and print carefully)

Name _____ Male _____ Female _____ Parents Names _____

Address _____ e-mail _____

City _____ State _____ Zip _____ Phone (H) _____ (W) _____ cell _____

Age _____ Birth date _____ Grade _____ School _____ Mom Dad Mom Dad

Height _____ Weight _____ Name of church attending _____

Requests: (1 sibling & 1 friend only!) _____ Any day you cannot practice? _____

Parents: Are you available to be a:
 Coach * Officiate Team Mother
 Prayer Partner
*All coaches must meet minimum requirements for a deacon or deaconess - 1Tim. 3:4-7
**Coach Preferred Practice Day _____

OFFICE USE ONLY
Fee Payment _____ Check # _____
Check Date _____ Cash _____
Paid On _____ Rec'd by _____

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 do 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. I have been apprised of and acknowledge the particular hazard and potential danger involved in allowing my child's participation in the 2008 Soccer League season. I give my permission to medical staff to secure a licensed physician in the case of an emergency.

Signature _____ Date _____ Emergency Phone#1 _____ #2 _____

Hospital Preferred _____ Doctor _____ Doctor's Phone # _____

Dentist _____ Dentist's Phone # _____

Medical Insurance Provider _____ Please list any allergies, serious injuries, or special medical conditions: _____

**YOUTH SOCCER 2008
REGISTRATION FORM**