

SCVAA – FALL 2024 SOCCER REGISTRATION

<u>Levels</u>	<u>Grade</u>	<u>Fee</u>
K	K	\$60
1/2	1 st & 2 nd	\$90
3/4	3 rd & 4 th	\$90
5/6	5 th & 6 th	\$120
7/8	7 th & 8 th	\$120
9-12	9 th - 12 th	\$120

Registration ends July 1st, 2024
 No refunds after July 31th.
Register & pay on-line at www.scvaa.org
 Or make checks payable to V.A.A. and
 Mail to: SCVAA-Soccer
 PO Box 44
 Stillwater, MN 55082

League Participant Information

Last Name _____ First Name _____ Shirt Size: _____
 Gender M or F Grade (Fall 2024) _____ Date of Birth _____
 Address _____
 City _____ State _____ Zip _____

Email Address:

<i>Circle school closest to your residence/teams will be chosen by location of residence and school</i>				
	Afton Lakeland	River Grove	Rutherford	Other
	Andersen	Mounds Park	SCCS	
	Lake Elmo	Brookview	St. Croix Prep	
	Lily Lake	Oak-land Middle	Salem Lutheran	
	Stonebridge	Stillwater Middle	New Heights	

Parent/Guardian Information

Name _____ Phone (W/H/M) _____ e-mail _____
 Name _____ Phone (W/H/M) _____ e-mail _____
 Head Coach Assistant Coach Co- Coach

Coaches Name _____ Phone _____ Email _____

Each family that registers a youth is asked to volunteer time to help with the program

Years Coaching VAA Soccer _____ *Identify who you would like to coach with:* _____
 Other Opportunities: Olympics Fields/Goals Commission Referee Other

Parent/Legal Guardian Agreement

PLEASE READ BEFORE SIGNING:

I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Croix Valley Athletic Association (SCVAA), its affiliated organizations and sponsors. The SCVAA reserves the right to assign all players, approve all coaches, and limit the number of registrations/participants per team. Recognizing the possibility of physical injury associated with this sport and in consideration for the SCVAA accepting the player for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the SCVAA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I also understand that my child/children remain my responsibility while participating in, being transported to or from and anytime they are in the company of other players, parents, coaches and officials associated with SCVAA events. I hereby understand that the SCVAA is responsible only for the formation and scheduling of the activities and that the safety and wellbeing of my child remains my responsibility.

In consideration of being allowed to participate in any way in the St. Croix Valley Athletic Associations athletics/sports programs whether involving team or individual sports and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
2. The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that I/they could become infected through contact with or close proximity to an individual with a communicable disease.
- 3 . I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 4 . I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE ST. CROIX VALLEY ATHLETIC ASSOCIATION, its officers, officials, agents and/or employees, other participants, sponsoring agencies, directors, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. PARENT'S/GUARDIAN'S SIGNATURE SHOULD BE ON THE SAME LINE AS PLAYER'S NAME WHERE IT APPEARS ON THIS ROSTER. By signing this roster, parent or legal guardian agrees to the above statements. Parent or legal guardian of each youth player must sign below.

FOR PARENT/GUARDIAN OF PARTICIPANT OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE

Parent/Legal Guardian (Please Print) _____

Date _____ Signature X _____