



P.O. BOX 67038  
Scotts Valley, CA, 95067-7038  
[www.svslvsoccerclub.org](http://www.svslvsoccerclub.org)

- Fall Recreational Players - Deadline June 1
- Fall Comp/Advanced Team Players – April 12
- Spring 4v4 Deadline - Feb 1

#### **FINANCIAL ASSISTANCE APPLICATION PACKET**

The SV/SLV Soccer Club (the Club) has a limited amount of financial assistance available. Applicants must complete all of the information and submit all materials to the Club prior to the application deadline.

If any information is incorrect or missing, the application will be denied. Financial assistance applications will be reviewed by the SV/SLV Soccer Club Board of Directors (the Board) and a decision will be made in an upcoming Board meeting.

**Partial Payments:** The Club asks families receiving assistance to contribute at least \$55 per player, but more if you can (\$60, \$75 or more). Please include payment with this application. Your partial payment will be returned if the Club cannot provide the assistance requested.

#### **APPLICATION PACKET CHECK LIST:**

- Financial Assistance Request Form
- SV/SLV SC Registration Form
- Check for Partial Payment (minimum of \$55 per player)
- Player Proof of Birth (if player did not submit birth certificate last year to Club)
- CYSA Membership Form (**Fall Advanced Team applications only**)

MAIL MATERIALS TO:  
SV/SLV Soccer Club  
Registrar  
PO Box 67038  
Scotts Valley, CA 95067



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## **SV/SLV SOCCER CLUB – FINANCIAL ASSISTANCE REQUEST FORM**

**PLEASE READ FIRST:** The SV/SLV Soccer Club (the Club) has a limited amount of financial assistance available. Applicants must complete all of the information below and submit all materials to the Club prior to the application deadline. If any information is incorrect or missing, the application will be denied. Financial assistance applications will be reviewed by the SV/SLV Soccer Club Board of Directors (the Board) and a decision will be made in an upcoming Board meeting. Financial assistance is awarded based upon demonstrated need and are awarded based on a first come first serve basis.

**Partial Payments: The Club asks families to contribute at least \$55 per player, but more if you can \$60, \$75, or more. Include payment with application. Your partial payment will be returned if the Club cannot provide the assistance requested.**

Applicants - By completing and submitting this application, you agree to provide proof of income/need, as may be required by the Board.

Notification -The Club Registrar will notify applicants of the Board's decision. All information is kept confidential.

*The Club will make every effort to assure that deserving children in need have an opportunity to play soccer in our community.*

# FINANCIAL ASSISTANCE APPLICATION

Player's name \_\_\_\_\_ Age \_\_\_\_\_ birth date \_\_\_\_\_

Partial Payment Included \$ \_\_\_\_\_

(Families are asked to contribute at least \$55, but more (\$60 or \$75) if you can)

**PLEASE INCLUDE CHECK WITH APPLICATION**

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Occupation(s) of Father \_\_\_\_\_ Total Monthly Salary \_\_\_\_\_

Occupation(s) of Mother \_\_\_\_\_ Total Monthly Salary \_\_\_\_\_

I am requesting assistance for the following reason(s): Check all that apply

\_\_\_\_\_ Limited Income \_\_\_\_\_ Loss of Job \_\_\_\_\_ Medical Costs \_\_\_\_\_ Recent Divorce

\_\_\_\_\_ Disabled \_\_\_\_\_ Other (Please Explain)

Please include any information that would help us understand your situation:

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Did you receive Club scholarship/financial assistance in the past? If so, which years?

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Are you able to assist the team?

Team parent \_\_\_\_\_ or Coach \_\_\_\_\_ or Asst Coach \_\_\_\_\_

Number of children you are financially responsible for? \_\_\_\_\_

I certify that the information contained on this request is true, correct to the best of my knowledge, and I agree to the aforementioned provisions in consideration for financial assistance. Further, I understand that the submission of this application in no way guarantees that such financial assistance will be awarded, as funds are limited.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# REGISTRATION FORM

## Player Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Player Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

Player School: \_\_\_\_\_

Last League/Season: \_\_\_\_\_

Buddy Request: \_\_\_\_\_

1. Parent's / Guardian's Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Parent's / Guardian's Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## If parents are not available:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List any player medical conditions & any medication: \_\_\_\_\_

Player Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer/ Parental Support	
<input type="checkbox"/>	Coach
<input type="checkbox"/>	Asst Coach
<input type="checkbox"/>	Team Mgr.
<input type="checkbox"/>	Parent Referee
<input type="checkbox"/>	Board Member/ Committee
<input type="checkbox"/>	Sponsor
<input type="checkbox"/>	Special Projects
<input type="checkbox"/>	Other

### MEDICAL & LIABILITY RELEASE

I, the parent / legal guardian of the player listed on this form, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the Scotts Valley / San Lorenzo Valley Soccer and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the League, the owners and operators of the facilities used for the prams and their respective directors, officers, employees, agents and representatives from **and** against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including players transportation to and from the program. I further grant the League the right to use the player's name, picture and/or likeness in printed, broadcast or other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent / legal guardian of the above-named player, or player age 18 or over, I hereby give consent for emergency, medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

Printed Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Executed on Date: \_\_\_\_\_