



## Winter / Spring 2025 Registration Instructions Sacramento Valley Women's Soccer League

[www.svwsl.com](http://www.svwsl.com)

Sacramento Valley Women's Soccer League (SVWSL) Winter – Spring 2025 Season is scheduled for January 26 – May 4, 2025 (13 games). SVWSL is currently offering the following divisions - A, B, C, Over 30, Over 40, Over 50 and Over 60 if enough interest. When registering your team, submit your division request and alternate request.

### **Deadline – Tuesday December 10, 2024**

All required registration documentation is to be delivered to **Heather Ramil**, the SVWSL Registrar, **by 7 p.m. Tuesday, December 10, 2024**. **A drop off box is available next to the front door and marked SVWSL to leave paperwork, or you may mail/email all items prior to deadline.** *Do not leave registration packets in standard mail box, it is a federal offense.*

**Fines for late registration:** A \$25 fine for missing the deadline of 7 p.m. on December 10, 2024 plus an additional fine of \$5 per day will accrue until a completed registration packet is delivered to the Registrar. If your team has accrued a late fee, the appropriate fee amount must be delivered at the same time your registration packet is submitted. If your packet is not considered complete (i.e., does not contain all the necessary documents) it will be considered late.

### **Team Managers: Please see the following:**

#### **Team Registration Packet Checklist**

- Completed Team Registration Form
- ONE check payable to the SVWSL or Zelle for all team fees (ref, fields, player passes, etc.)
- Team Roster – (*minimum of 11 and maximum of 26 players, only a roster of 18 players per game*)
- Returning or New Player Checklist items

#### **Returning Players Checklist**

- List Players on Roster

#### **New Players Checklist**

- \$25 Registration Fee (pass will be good through August 1, 2025)
- SVWSL COVID - 19 Waiver
- US Club Soccer Registration Form/Waiver ([Adult](#))\*
- SVWSL Jewelry/Dog Waiver
- One facial color photo (email or text me electronic photo)
- Phone number of Player

#### **New Player Under 19 years of age\*\* also include the following:**

- Proof of Birth\*
- \$15 Staff Registration fee \*\*
- Online [Staff Background check](#) at [www.usclubsoccer.org](http://www.usclubsoccer.org)\*\*

\*Uploaded to [www.usclubsoccer.org](http://www.usclubsoccer.org)

#### **Age Information**

Over 30 Division may have up to 2 players between 28 and 30 years old, Over 40 Division may have up to 2 players between 35 and 40 years old, Over 50 Division may have up to 2 players between 48 and 50 years old, Over 60 Division may have up to 2 players between 58 and 60 years old within the seasonal year, in which the playing season falls. (defined as August 1 through July 31).

**\*\*Youth Players - must be at least 16 years old when registered.** Teams in Division A can have up to 4 players under the age of 18; Division B teams can hold up to 3 players under 18 years and Division C teams can have up to 2 players under 18 years of age. **New Process: Teams are required to register the Coach as Staff and submit an online background check before a youth player can be registered.**

If you have any questions, please contact Heather Ramil at [hramil@hotmail.com](mailto:hramil@hotmail.com).  
Address: Heather Ramil, 6072 Hamburg Way, Sacramento CA 95823



# Sacramento Valley Women's Soccer League 2025 Spring Team Registration Form

Team Name: \_\_\_\_\_ Jersey Color: \_\_\_\_\_

Division - First Choice: \_\_\_\_\_ Division - Second Choice: \_\_\_\_\_

**Division 1 (highest open division); Division 2 (mid-level open division); Division 3 (lowest open division);  
Over 30; or Over 40**

Check One: \_\_\_\_\_ Returning Team Division: \_\_\_\_\_

\_\_\_\_\_ Returning Team -New Team Name Division: \_\_\_\_\_

\_\_\_\_\_ New Team to League

If your team has experienced severe changes and you are requesting a different division than previously played in, please explain:

### Registration Fees to be paid by all teams:

Referee fees (\$85 x 13 games) <sup>1</sup> (rounded to \$85 each game)	\$1,105.00
Referee Assignor Fee	\$ 75.00
Field-use fees	\$ 235.00
Administrative Fees	\$ 200.00
	<b>Subtotal:</b> \$ 1615.00

Credit if applicable (*subtract*) \_\_\_\_\_

Fees or fines unpaid from previous season (*add*) \_\_\_\_\_

Add \$26.25 per player for annual USCLUBSOCCER Player Pass (**no. of players x \$26.25**) (*add*) \_\_\_\_\_

**Total amount due on Tuesday December 10, 2024, no later than 11:59 p.m. (one check payable to SVV)**

**Please Note: For all registration packets received after 11:59 p.m. on December 10, 2024, a late fee of \$25, plus an additional fine of \$5 per day will accrue until a complete registration packet is delivered to the SVWSL Registrar.**

Team Contacts (MUST submit two): Please list the primary team contact first.

Team Representative: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Sunday Number: \_\_\_\_\_ **Text<sup>2</sup>** \_\_\_\_\_

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

Weekend Email: \_\_\_\_\_

Team Coordinator: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Sunday Number: \_\_\_\_\_ **Text<sup>2</sup>** \_\_\_\_\_

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

Weekend Email: \_\_\_\_\_

<sup>1</sup> \$85.00 per team per game determined using the following calculation for referee fees: \$60 for center ref and \$55 for line ref (assuming two per game) = \$170 / 2 (number of teams per game) = \$85.00.



## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### SACRAMENTO VALLEY WOMEN'S SOCCER LEAGUE

#### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in any activities of the Sacramento Valley Women's Soccer League, including tournaments, league games, practices, clinics and related events and activities, the undersigned participant ("Participant") acknowledges, appreciates, and agrees that:

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

Exposure to infectious diseases carries a risk of infection, serious illness and death for the Participant, as well as others the Participant may interact with or spend time with; and,

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,

I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Sacramento Valley Women's Soccer League and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



**US Club Soccer Form R002**  
**Player Information, Medical Treatment Authorization,**  
**Liability Waiver/Release and Consent Form**

*To be retained by the US Club Soccer member organization for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.*

**Member Organization / Club Name:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Player information:**

Full name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male

Street address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email address (for adult player only): \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**To be completed for non-adult players:**

Parent/Guardian #1 Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #1 Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_ Phone #2 Type: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #1 Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_ Phone #2 Type: \_\_\_\_\_

**In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:**

Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1: ( ) \_\_\_\_\_ Phone #2: ( ) \_\_\_\_\_

In signing below, I hereby consent to the above-named member organization/club registering me or my child or guardian, as applicable, with US Club Soccer. I understand that a player may be registered to only one US Club Soccer member organization/club at any time.

**Medical Treatment Authorization and Liability Waiver/Release:** I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all US Club Soccer programs without restriction or condition. **To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, the National Association of Competitive Soccer Clubs (dba US Club Soccer), its agents, contractors and sponsors, U.S. Soccer and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.**

**Privacy Policy & Terms of Use:** I acknowledge and agree that I have read, understand and agree to US Club Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at [usclubsoccer.org](http://usclubsoccer.org). The Policy describes US Club Soccer practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy and any successor Policy then-in-effect.

**AGREED AND ACCEPTED:** I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form.

\_\_\_\_\_  
Signature of player (if an adult) or parent/guardian (if player is a minor)

\_\_\_\_\_  
Relation to player (if applicable)

\_\_\_\_\_  
Printed name of signee

\_\_\_\_\_  
Date

**IMPORTANT NOTICE:** ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL US CLUB SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [[usclubsoccer.org](http://usclubsoccer.org)].

# Acknowledgement of Jewelry Policy and No Dog Policy Sacramento Valley Women's Soccer League

**NO JEWELRY.** I understand that the rules of FIFA and the Sacramento Valley Women’s Soccer League (“SVWSL”) prohibit the wearing of jewelry during league matches. I understand that before I can play in any league match, the referee will ask me to remove any and all jewelry, including but not limited to, rings, necklaces, earrings, nose rings and eyebrow rings. I understand that these rules also apply to permanent and non-removable jewelry.

**NO DOGS.** I understand that SVWSL does not allow dogs at any field site where no dogs are allowed is posted. I understand that my team will forfeit its game and will pay applicable forfeit fees if any team member, coach or spectator of my team refuses to remove a dog upon request from any field site where no dogs are allowed is posted.

**NO REFUNDS.** I understand that SVWSL is not responsible for refunding any registration fees or other league fees if I choose to acquire permanent or non-removable jewelry during the season, or if I otherwise choose not to comply with these rules.

**TEAM NAME:**

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Print Name	Signature	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		



# Sacramento Valley Women's Soccer League

## Roster Spring 2025

TEAM NAME:

Print Name	DOB	PAD Committee (indicate 2 players)	New Player?	Dual Roster? If Yes - are you the primary team?	If Dual Roster - name other team
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					



# Sacramento Valley Women's Soccer League

## Roster Spring 2025





# Sacramento Valley Women's Soccer League 2025 Spring Over 50 or Over 60 Team Registration Form

Team Name: \_\_\_\_\_ Jersey Color: \_\_\_\_\_

Division - First Choice: \_\_\_\_\_ Division - Second Choice: \_\_\_\_\_

**This form is for Over 50 and Over 60 division team registration only**

Check One:

\_\_\_\_\_ New Team to League

If your team has experienced severe changes and you are requesting a different division than previously played in, please explain:

**Registration Fees to be paid by all teams:**

Referee fees (\$30 x 13 games) <sup>1</sup> (rounded to \$30 each game)	\$ 390.00
Referee Assignor Fee	\$ 75.00
Field-use fees	\$ 235.00
Administrative Fees	\$ 100.00
	<b>Subtotal:</b> \$ 800.00

Credit if applicable (*subtract*) \_\_\_\_\_

Fees or fines unpaid from previous season (*add*) \_\_\_\_\_

Add \$26.25 per player for annual USCLUBSOCCER Player Pass (**no. of players x \$26.25**) (*add*) \_\_\_\_\_

**Total amount due on Tuesday December 10, 2024, no later than 11:59 p.m. (one check payable to SVWSL)** \_\_\_\_\_

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**Team Contacts (MUST submit two): Please list the primary team contact first.**

Team Representative: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Sunday Number: \_\_\_\_\_ Text<sup>2</sup> \_\_\_\_\_

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

Weekend Email: \_\_\_\_\_

Team Coordinator: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Sunday Number: \_\_\_\_\_ Text<sup>2</sup> \_\_\_\_\_

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

Weekend Email: \_\_\_\_\_

<sup>1</sup> \$30.00 per team per game determined using the following calculation for referee fees: \$60 for center ref = \$60 / 2 (number of teams per game) = \$30.00.



# Sacramento Valley Women's Soccer League

## Over 50/60 Roster Spring 2025

TEAM NAME:

Print Name	DOB	PAD Committee (indicate 2 players)	New Player?	Dual Roster? If Yes - are you the primary team?	If Dual Roster - name other team
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					