Fall 2026 Registration Instructions
Sacramento Valley Women's Soccer League
www.svwsl.com

Sacramento Valley Women's Soccer League (SVWSL) Fall 2026 Season is scheduled for September - November. SVWSL currently has three 11v11 divisions which consist of Open, Over 30, Over 40, and two 8v8 divisions Over 50 and Over 60. When registering your team, submit your division request and alternate request.

Deadline –Tuesday August 11, 2026
All required registration documentation is to be delivered to **Heather Ramil,** the SVWSL Registrar, **by 11:59 p.m. Tuesday, August 11, 2026. You can send electronic, drop off at my house or you may mail all items prior to deadline.**

Fines for late registration: A $25 fine for missing the deadline of 11:59 p.m. on August 11, 2026, 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:

Registration Packet Checklist
- ☐ Completed Team Registration Form (11v11 for Open, O30 and O40) (8v8 for O50 and O60)
- ☐ ONE check or other payment payable to the SVWSL for all team fees (ref, fields, player passes, etc.)
- ☐ Team Roster
  - 11v11– *(minimum of 11 and maximum of **26** players, only a roster of 18 players per game)*
  - 8v8 – *(minimum of 8 players and maximum of **16** players)*
- ☐ Returning or New Player Checklist items

Returning Players Checklist
- ☐ $26.25 Registration Fee (pass will be good through August 1, 2027)
- ☐ US Club Soccer Registration Form/Waiver (Adult)*

New Players Checklist
- ☐ $26.25 Registration Fee (pass will be good through August 1, 2027)
- ☐ SVWSL COVID - 19 Waiver
- ☐ US Club Soccer Registration Form/Waiver (Adult)*
- ☐ SVWSL Jewelry/Dog Waiver
- ☐ Email or Text a Photo for the Players Pass

*Uploaded from www.usclubsoccer.org

Age Information
Over 60 Division may have up to 4 players between 57 and 60 at time of play. Over 50 Division may have up to 2 players who turn at least 48 years old within the seasonal year. Over 40 Division may have up to 2 players who turn at least 38 years old within the seasonal year. Over 30 Division may have up to 2 players who turn at least 28 years of age within the seasonal year in which the playing season falls (defined as September 1 through August 31).

If you have any questions, please contact Heather Ramil at hlramil@hotmail.com.
Address: Heather Ramil, 6072 Hamburg Way, Sacramento CA 95823

Sacramento Valley Women's Soccer League
2026 Fall Over 50 or Over 60 8v8 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 ($60 x 10 games)[1] (rounded to $60 each game)	$ 600.00
Referee Assignor Fee	$ 75.00
Field-use fees	$ 50.00
Administrative Fees	$ 50.00
Subtotal:	$ 775.00
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 August 11, 2026, no later than 11:59 p.m. (one check payable to SVWSL)	

Please Note: For all registration packets received after 11:59 p.m. on August 11, 2026, 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[2]**

Email: _____

Weekend Email: _____

Team Coordinator: _____

Address, City, Zip: _____

Sunday Number: _____ **Text[2]**

Email: _____

Weekend Email: _____

[1] $60.00 per team per game determined using the following calculation for referee fees: $120 for 2 side refs ($60 each) = $120 / 2 (number of teams per game) = $60.00.

Sacramento Valley Women's Soccer League

Over 50/60 (8v8) Roster Fall 2026

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
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2.					
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Please Note that Primary Team pays for Players Pass

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: _____

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 18th 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 party, 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. 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].

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: _____

Print Name	Signature	Date
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