



SOCCER WEST SOCCER CLUB

Spring 2012 Registration Form



Register online at www.soccerwest.com. **QUESTIONS?** Email registrar@soccerwest.com or call 277-9997.

Mail registration form with payment to: Soccer West Soccer Club
PO Box 65662
West Des Moines, IA 50265

PLAYER INFORMATION

A separate form is required for all players. All **NEW** players must enclose a copy of birth certificate.

Last Name _____ First Name _____ DOB _____

Address _____ City _____ Zip _____

School _____ Grade _____ Gender _____ Preferred Team Type* Coed ___ All-Girls ___

E-mail _____ Email 2 (optional): _____

E-mail is the club's preferred method of contact with its members. *Only U9/10 Academy & U9-18 Rec. have an all-girls option if there is enough interest.

PARENT INFORMATION

Father's Name _____ Home Ph. # _____ Cell Ph. # _____ Work Ph. # _____

Mother's Name _____ Home Ph. # _____ Cell Ph. # _____ Work Ph. # _____

REGISTRATION FEES

Is this player transferring from another club? If so, please tell us which one _____

| Birth Date | Age Group | Registration Fee | Late Fee |
|-----------------------|---------------------|------------------|-------------------------|
| 8/1/2006 to 7/31/2007 | Kiddie | \$70 | n/a |
| 8/1/2003 to 7/31/2006 | U6-U8 Recreational | \$95 | \$25 (effective 3/7/12) |
| 8/1/1993 to 7/31/2003 | U9-18 Recreational* | \$95 | \$25 (effective 2/8/12) |
| 8/1/2001 to 7/31/2003 | U9-10 Academy* | \$170 | \$25 (effective 2/8/12) |

IMPORTANT! You must fill out the following information for the player's ID number or player will not be registered!

Mother's Birthday (MM/DD): _____

Please consider a Scholarship Donation! Donation Amount (optional) _____

VOLUNTEERS Our club is run entirely by volunteers. If you are interested in helping out please circle one or more of the following:

Coch/Asst. Coach Board of Directors Referee (must take class to be certified) Team Parent Fields/Maintenance

MEDICAL CONSENT TO TREAT A MINOR

We understand that our child may become injured or ill during a Soccer Club activity or during transportation to or from such activities even though he/she is physically fit. We give our permission for Soccer West representatives and coaches to take emergency action on behalf of our child and to transport the child to emergency facilities when we are not present or available. We also give our permission to have an Athletic Trainer, Medical Doctor, Dentist, Nurse, Hospital or clinic provide medical assistance and/or treatment. All expenses associated with this treatment will be paid by our medical insurance or by us.

Player's Doctor _____ Phone _____ Hospital of Choice _____

Player Allergies and/or Medical Conditions _____ Medications Taken Regularly _____ Date of Last Tetanus _____

Person to Notify (other than parent) in Emergency _____ Phone _____

Insurance Company _____ Policy Number _____

I hereby consent for my child to participate in and abide by all the rules and codes of Conduct of Soccer West Soccer Club and the Greater Des Moines Junior Soccer League. As parents/guardians of the above child, we acknowledge that there is risk of injury with all recreation and in consideration of said child being allowed to participate in the Soccer West Soccer Club, we assume all risk of injury to the child and hereby agree to indemnify and hold harmless the Soccer West Soccer Club and its agents, directors and employees from any claims, demands or liability arising from said child's participation in the Soccer West Soccer Club. We as a family agree to abide by the Soccer West Player and Parent Code of Conduct.

Signature of Parent/Guardian _____ Date _____



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UNIFORMS

Uniforms are \$39 for youth sizes and \$49 for adult sizes and should be purchased at Soccer Connections, 312 Grand Avenue, West Des Moines, 279-6927. In order to guarantee a uniform by the first game, please order your uniform by FEBRUARY 1st for the *SPRING* and JULY 1st for the *FALL*.

PLAYER EQUIPMENT

Shin Guards are **MANDATORY** for all practices and games for all ages! No jewelry allowed of any kind during practices or games.
Ball sizes needed for each age group: U6-U8 = Size 3 U10-U12 = Size 4 U13 and above = Size 5

SEASON DATES

The spring 2012 season will begin the weekend of March 31st & April 1st and end the weekend of June 2nd & 3rd. There will be no games on Easter weekend (April 7th & 8th) or Memorial Day weekend (May 26th & 27th). Please note the Kiddie program will begin on Sunday, April 15 and will end Sunday, May 20.

LOCATION

Soccer West Soccer Club's home fields are located at the Aliber Soccer Complex off of 63rd Street and Grand Avenue in Des Moines.

PAYMENT

Please make checks payable to Soccer West Soccer Club or SWSC. Do not staple check to form. To pay with credit card, please register online at www.soccerwest.com.

REFUND POLICY

NO REFUNDS unless – the player moves out of the area prior to the first game, the player is injured prior to or during the first game and cannot complete the season or registers late and cannot be placed on a team.

PROGRAM DESCRIPTIONS

KIDDIE – The Kiddie Program is for kids to associate soccer with fun, get some exercise and touch the ball as much as possible. The program takes place from 4:30 to 5:30pm on Sundays. For the first half hour, teams will practice on a half-field. For the second half hour, teams will scrimmage. Games are played with 3 players on a side, no goalies and no score kept.

U6-U8 REC – The U6-U8 recreational soccer program is focused on fun, soccer fundamentals and team building. All teams are coed and coached by parent volunteers.

U9-U18 REC – The U9-U18 recreational program is for players to continue working on soccer development in a fun environment. All-Girls teams are encouraged in this age group range and will be formed if there is enough interest.

U9/10 ACADEMY – The U9/10 Academy program is for players who are ready to compete at a higher level than recreational. Academy teams are coached by professionally, licensed coaches from the Des Moines Menace with the assistance of an "E" licensed parent volunteer coach. Menace coaches run at least one of the practices a week while assisting the parent licensed volunteer coach on game day when available. Coed and all-girls teams will be formed as numbers allow for this program. To help you decide which level of play is most appropriate for your child, please visit www.soccerwest.com and click on the "Academy" page where it lists player characteristics suitable for Academy or visit http://www.iowasoccer.org/U0910_Academy for more information.

RETURNING PLAYERS

Returning players will be placed on the same team unless they ask to be placed on a different team or register late.

NEW PLAYERS

New players must submit a copy of their birth certificate before they are eligible to play. You can fax to 515-226-1595 or mail to the club PO Box.

VOLUNTEERS

Our soccer club relies on parent volunteers and EVERY team **MUST** have a coach. If no one volunteers to coach, the players will be put on a waiting list or assigned to a team with open slots.

WEATHER CANCELLATIONS

To check if the fields are still open or if games have been postponed or cancelled, please check www.soccerwest.com or call your coach.

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West Des Moines, IA 50265

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Phone: 515-277-9997
Fax: 515-226-1595