

REGISTRATION

2023 SPRING SOCCER RECREATION PROGRAM

REGISTER TODAY! EARLY BIRD DISCOUNT ENDS 2/18/2023. REGULAR FEES BEGIN 2/19/2023. REGISTRATION CLOSES 3/3/2023.

PLAYER INFORMATION (please writ	e clearly)					
PLAYER'S NAME				G FEMALE		
DOB A	AGE CUR	RENT GRADE				
Pre-K / 3 & 4 years only	Grades 1-2 / 8 years and	under 🔲 Grade	es 3-4 / 10 y	rs and under		
Gindergarten / 6 years and under	Grades 5-6 / 12 yrs and u	nder 🔲 Grade	es 7-8 / 14 y	rs and under		
Has the child played soccer before? 🛛 No	YES If yes, for how long?					
PARENT INFORMATION (please write clearly) PARENT/GUARDIAN(S)						
ADDRESS						
PHONES (Specify Mom or Dad) PRIMARY _		SECONDARY				
EMAIL(S) (Specify Mom or Dad) PRIMARY		SECONDARY				
Please indicate here if you are in need of	financial assistance.					

PAYMENT/UNIFORM

Online payments are preferred and can be made at **www.villagrove.org**, click on "**Illinois Epay**" under **Helpful Links**. If this method is used, please indicate your payment confirmation number below. You may email your completed form to **city.hall@villagrove.org**. Signed and printed forms can be mailed to PO Box 108, Villa Grove IL 61956-0108 or dropped off 8:00 a.m. to 3:00 p.m. Monday – Friday at the City office (120 N. Main St.). Registration is not complete until payment is received.

CHECK (√)	Early Discount	Regular Fee	Circle the appropriate uniform size
Individual child	\$25	\$30	(Y= Youth / A= Adult):
🗖 2 children	\$45	\$50	YXS YS YM YL AS AM AL AXL
□ 3+ children	\$65	\$70	L will use last season's uniform.
PAYMENT METHOD:	CASH	CHECK # Payable to C	ty of Villa Grove Payment Confirmation No.



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SPORTSMANSHIP PLEDGE

I understand that good sportsmanship is primary to the mission of the Villa Grove Soccer league. I recognize that good sportsmanship is a combination of fair play, respect, and consideration for all others involved. I (as a spectator, parent, guardian, coach or participant) along with my child pledge to demonstrate good sportsmanship at all Villa Grove Soccer events. I understand that if I demonstrate poor sportsmanship in any way, I will be asked to remove myself and my child/children from the event immediately.

Player Signature

Parent/Guardian Signature

VOLUNTEERING/SPONSORING

Coaches/Assistant Coaches are needed to ensure that each team has a manageable number of players. **All coaches are subject to a background check, and coaches from the prior year are given first choice of coaching positions.** Please understand that teams will be determined/grouped by the player's age as of 5/31/2023. Questions can be emailed to rec.program@villagrove.org.

Can you volunteer to help with any of the following?

Coach or Assistant Coach If yes, have you coached or played soccer before?

Provide assistance with field maintenance (painting lines, setting up nets etc.)

Are you or your business willing to be a team sponsor?

RULES/PERMISSION TO PLAY

- All participants must wear shin guards at ALL PRACTICES AND GAMES.
- If cleats are worn, they cannot have a toe cleat. The participant will not be able to play with a toe cleat on the shoe.
- This form, as well as the City of Villa Grove's INJURY WAIVER/MEDICAL FORM, must be signed and returned (with payment) before participants will be allowed to practice.
- COVID-19 Guidelines, found on page 4, MUST BE signed by player and caregiver.
- The soccer league will provide insurance coverage for each player. This will serve as secondary coverage to your own personal policy. If you do not have insurance, the league's coverage will serve as primary insurance.

I understand the information above and my child has my permission to play in the City of Villa Grove's Recreation Program Soccer League.

Parent/Guardian Signature

Date



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INJURY WAIVER/MEDICAL FORM

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Player's Name	Incoming Grade	Incoming Grade/Level		
Player's Physician	Physician's Pho	Physician's Phone		
Hospital Preference (if applicable)				
IN CASE OF EMERGENCY, CONTACT:				
Name	Phone	Cell		
Relationship to Player				
Name	Phone	Cell		
Relationship to Player				
Medical Information:				
Allergies (Medications, insect stings, etc.)				
Medical Conditions (Asthma, Diabetes, etc.)				

Baseball, basketball, football, soccer, softball, volleyball and wiffle ball are exciting sports which may involve collisions with other players, the ball, or the ground. The sport is sometimes played in extreme weather. Because of these conditions, players are exposed to the risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long term impairment of physical abilities. In an effort to make the games listed above as safe as possible, the coaches of this team will teach the players the skills and rules of the sport. Players must follow the coaches' instructions, rules, and policies to reduce the possibility of injury. Team rules/policies are also explained to players.

IN CONSIDERATION for the right to participate in the City of Villa Grove's Recreation Program, I hereby agree to the following: I understand any recreation activity, including the one for which I am registering myself/my child, involves certain risks to their personal safety and property or the safety and property of others. I agree to assume any and all risks associated with participation in this activity. I further understand that participation in recreation activities requires certain skills and capabilities. I agree it is solely my responsibility to ensure that my/my child's health is adequate and capabilities are sufficient to participate in these activities. I hereby waive any claim I might have against the City of Villa Grove and its officers, employees, agents, servants, insurers, and all representatives and sponsors arising out of their participation in this activity. Furthermore, I hereby agree to release and hold harmless the City of Villa Grove and all other sponsors from any claim brought by a third party due to my/my child's participation in these activities. I understand I/he/she may be photographed and give permission for such to publicize activities for the Recreation Program. In the event of an emergency, I give consent for me/my child to be taken to and treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth above. In such event, I shall be solely responsible for all medical expenses associated with medical care.

I hereby state and certify that I am aware of the RESTORE ILLINOIS phased plan for the COVID-19 pandemic recovery; I agree that my child will comply with regulations such as masking, social distancing and other rules as required by the program and/or state and federal law.



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In keeping with IDPH protocol for fall sports the Villa Grove Soccer Club has developed a plan that we believe would provide a safe environment to move forward with the Fall Soccer Season. IDPH protocols for COVID Guidelines are constantly changing. VGSC will adhere to the protocols as they change throughout the season.

Below is a brief outline of how we will structure teams (Kindergarten-U14) and the season:

- Team size will be kept at a minimum for regular play
- Teams will be made on a first-come, first-serve basis depending on number of coaches
- Parental verification of symptoms of illness will be required before every practice and game; either verbal in-person or over text/phone to team coach
- Coaches will be trained within these guidelines and instructed to maintain social distancing in any team event
- Regular games with out-of-town teams will resume
- We will follow the recommended IDPH mask guidelines as they are stated at the beginning of practice in August
- These guidelines include, but are not limited to:
 - Masks are not required during game play or practice
 - No drink bottles will be shared with anybody
- Players will be asked to leave the field if these guidelines are not adhered to at the coach's discretion.

I have read the Villa Grove Soccer Club's guidelines as it relates to the COVID-19 pandemic (these can be also reviewed on the VGSC website). I understand that there is a risk in participating within the nature of the sport. I understand that the soccer club coaches will be trained within these guidelines. I agree that I assume the underlying risk of my child being exposed to communicable diseases including COVID-19 even when the coaches adhere to the guidelines.

Player Signature

Parent/Guardian Signature