

**2020 CHEERLEADING PROGRAM**



The registration period for Cheerleading is June 15 – July 8, 2020.

\*\*\*No cheerleaders will be assigned to the Flag Football League.

The Spotsylvania Parks and Recreation Department will offer a Cheerleading Program for Spotsylvania County residents ages 5-14 to coincide with the Youth Football Program.

Football games will be played on weekday evenings and Saturdays beginning Saturday, August 29, 2020 and continuing through November.

**PLACEMENT ON SQUADS – Children ages 5-14 will be grouped together on squads (squads are not separated by ages).** Participants who reside in the same household will automatically be placed on the same squad. Participants who have brothers or sisters in the Football Program will cheer for their team. (Please make note on the registration form.)

**Coaches will contact participants by August 18, 2020 as to which squad they are on and when the first practice will be. Games will begin Saturday, August 29, 2020.**

**UNIFORMS – Each participant will receive a one-piece uniform, which must be returned at the end of the season.** Each participant will also receive a t-shirt that they may keep. Parents will not be asked to provide additional clothing. **Pom poms will be available for use at practices and games, and they must also be returned at the end of the season.** No child will be issued a uniform and pom poms if she has failed to turn in a uniform from a previous sport.

**REGISTRATION - The registration fee is \$45.** Make checks payable to “Treasurer, Spotsylvania County”. There will be a \$50.00 service charge on all returned checks. To register your child, complete the registration form and return it along with the fee and a copy of your child's birth certificate (if one is not already on file) to the Parks and Recreation Department by mail or in person. A drop box is located at Loriella Park next to the front door of the park office. The drop box is open 7 days a week from 8:00 a.m. to dusk. **WE CANNOT REGISTER YOUR CHILD UNTIL A BIRTH CERTIFICATE IS SUBMITTED. DO NOT** return forms to the schools. **Please note that due to overlapping seasons, children may not participate in both Fall Soccer or Football and Cheerleading.** (\*\*A 2.75% Non-Refundable Convenience Fee will be charged on all credit/debit card transactions.) Online registration is available during on time registration only at [www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec) . A household waiver must be on file at the Parks & Registration Office prior to being able to register online.

**DEADLINE TO REGISTER IS BEFORE 4:30 P.M. ON Wednesday, JULY 8, 2020.** Postmark dates will not be considered. Late registrations may be accepted if there is space. **All participants that register after 4:30 p.m. on the deadline day or any day after the deadline must pay \$55.** The last day for late registrations is before 4:30 p.m. on Friday, August 21, 2020.

**REFUNDS -** Those wishing to withdraw from the program before Thursday, August 13, 2020 must do so by contacting the Spotsylvania Parks and Recreation Department. Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. There will be no refunds given to those who withdraw from the program after Thursday, August 13, 2020.

The Spotsylvania Parks and Recreation Department does not provide individual medical insurance for participants in the youth sports programs. Parents are responsible for providing this insurance protection. Information on individual medical insurance provided by Scholastic Insurers can be obtained through the County’s public school system.

The Spotsylvania Parks and Recreation Department is a chapter of the National Youth Sports Coaches Association (NYSCA). We provide training for you as a coach which includes \$500,000.00 worth of liability insurance protection. For more information, please contact our office at the above number.

**\*JUMPER SIZES: (PLEASE BE SURE TO INCLUDE SIZE ON PAGE 2)  
(Samples of Jumpers are available in the Parks and Recreation Office)**

<u>Sizes in Stock</u>	<u>Comparable Size</u>	<u>Notes</u>	<u>Sizes in Stock</u>	<u>Comparable Size</u>	<u>Notes</u>
*5	Child Size 7-8	*Smallest Size Available	14	Size 11-12	
6	Child Size 10-12		16	Size 13-14	
7	Child Size 12-14		18	Size 15-16	
8	Size 7		20	Size 16-18	
10	Size 8		**22	Size 18-20	* *Largest Size Available
12	Size 9-10				

**COACHES FOR SQUADS ARE NEEDED. IF YOU WISH TO COACH OR ASSIST, PLEASE COMPLETE THE COACHING APPLICATION ON THE BACK OF THE REGISTRATION**

**FORM.**

**2020 YOUTH CHEERLEADING REGISTRATION FORM**  
**ACTIVITY #: 241101-01**  
**REGISTRATION DEADLINE: Wednesday, JULY 8, 2020 BEFORE 4:30 PM**

**Please Print Legible:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_  
Complete Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
Area/Subdivision: \_\_\_\_\_ **Is this a new address or phone number? YES NO**

Primary Phone #: ( ) \_\_\_\_\_ Secondary Contact #: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_

How old will your child be on **11-01-20**? \_\_\_\_\_ Birth date \_\_\_\_\_

Birth certificate is (circle one):      on file      enclosed      (A birth certificate must accompany this form if not already on file.)

Please check here if you have a waiver form and are requesting for your child to play one age older \_\_\_\_\_  
Name of Spotsylvania County School Child Attends: \_\_\_\_\_ Grade \_\_\_\_\_  
(If your child attends Private School or is being Home Schooled, list the County school your child would attend.)

**Shirt Size (circle):**      Youth Small (6-8)      Youth Medium (10-12)      Youth Large (14-16)  
Adult Small (34-36)      Adult Medium (38-40)      Adult Large (42-44)      Adult Xlarge (46-48)

**\*Jumper Size: (Please see page 1 for sizes – IMPORTANT – Please indicate size) \_\_\_\_\_**

Medical conditions, injuries, or allergies \_\_\_\_\_

Optional: Please try to place my child with: Player: \_\_\_\_\_  
**REQUEST ARE NOT GUARANTEED** Coach: \_\_\_\_\_

Did child participate in 2019 Cheerleading Program with Spotsylvania Parks & Recreation? YES \_\_\_ NO \_\_\_  
If yes: Squad Name \_\_\_\_\_

Does child have a brother/sister participating in the Football / Cheerleading Program? YES \_\_\_ NO \_\_\_  
(Circle one)  
If yes, name of child \_\_\_\_\_ Age \_\_\_\_\_ Team Name, if known \_\_\_\_\_

Parental Consent: (Please read and sign below)  
**I hereby give my consent and approval for my child named above to participate in the Spotsylvania Parks and Recreation Department’s 2020 Youth Cheerleading Program, and I will not hold the Parks and Recreation Department authorities, volunteer coaches, or school authorities liable in case of accident or injury which may occur as a result of her participation.** I understand that if my child wishes to withdraw from the program before being placed on a squad, I must put my refund request in writing, and I also understand that there will be a 20% administrative fee charged on all refunds. I understand that if my child withdraws from the program after August 13, 2020, my registration fee will not be refunded. I understand that this program is open to Spotsylvania County residents only and hereby certify that my child is a resident of Spotsylvania County. I understand that the Spotsylvania Parks and Recreation Department does not provide individual medical insurance for participants in the Cheerleading Program and that I am responsible for providing such insurance protection. Information on individual medical insurance provided by Scholastic Insurers can be obtained through the county’s public school system. I understand my child may not participate in Cheerleading or Football and Fall Soccer at the same time. It shall be the policy of the Department to encourage all children within Spotsylvania County to participate in the programs sponsored by the department. While the Department shall not assume the position of insurer of health and safety of the participants in the program, the Department does feel it necessary to undertake all reasonable steps to insure that a child is not exposed to unnecessary dangers to said child’s life or health.

**COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL):** Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. \_\_\_\_\_ (primary guardian initials)

I understand that the above listed participant will not be able to participate if they are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. \_\_\_\_\_ (primary guardian initials)

**Parent / Legal Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

The registration fee is \$45. Please make checks payable to “Treasurer, Spotsylvania County”. There will be a \$50 service charge on all returned checks. A drop box is located next to the entrance of the park office at Loriella Park and is open 7 days a week from 8:00 a.m. – dusk.

**COACHES ARE NEEDED. IF YOU WISH TO COACH OR ASSIST, PLEASE COMPLETE THE COACHING APPLICATION ON THE BACK OF THIS FORM.**

**CHEERLEADING 2020 COACHING APPLICATION**  
**BACKGROUND CHECKS ARE PROCESSED ON ALL COACHING APPLICATIONS**

**Please fully complete this application, even if you have coached in the past.** Please Print.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone #: ( ) \_\_\_\_\_ Secondary Contact #: ( ) \_\_\_\_\_ Alternate #: ( ) \_\_\_\_\_

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

Please list the best time to contact you without having to call long distance: \_\_\_\_\_

Spotsylvania School Your Child Attends: \_\_\_\_\_ Geographic Area/Subdivision: \_\_\_\_\_

Personal References: (Please list two local references. Do not list anyone who works for Spotsylvania Parks and Recreation Department.)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Experience: (Summarize coaching experience and involvement in children's activities. If you need more space, please use another sheet of paper.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I would prefer to be: (circle one)**      Head Coach              Assistant Coach

**I would like to coach: (circle one)**      Junior Varsity              Varsity

Do you have a son or daughter playing? \_\_\_\_\_ His or her name \_\_\_\_\_

Child's Age \_\_\_\_\_ (As of Nov. 1, 2020)      Child's Date of Birth \_\_\_\_\_      Team Name, if known \_\_\_\_\_

The Spotsylvania Parks and Recreation Department strives to put the best available adults in our youth coaching program. Some of the criteria we look at when making our selections are the following: each coach submits a written application; those who attend training sessions and scheduled meetings; previous evaluations; background information; conduct and attitude in working with staff, parents and other coaches; interest in young people; ability to teach and develop young players; coaches who serve as an example; general knowledge of the rules; and promotes good sportsmanship.

I, the undersigned, authorize and give my consent for the above named organization to obtain information regarding myself. This includes the following: Criminal Background Check, Training/Experience, Personal References. I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

All individuals interested in being a Head Coach will be contacted by a Parks and Recreation staff member. All applications are subject to screening and approval by the Spotsylvania Parks and Recreation Commission.

**COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL):** Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. \_\_\_\_\_ (initials)

I understand that myself and participants will not be able to participate if any one of us are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. \_\_\_\_\_ (initials)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_