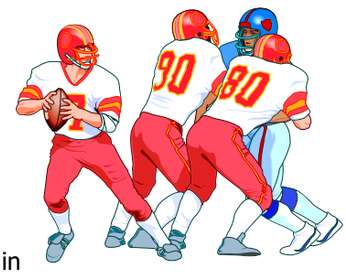
SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT
P. O. BOX 28, SPOTSYLVANIA, VA 22553
507-PLAY (7529)

2020 YOUTH FOOTBALL PROGRAM

www.spotsylvania.va.us/parksandrec (Online Registration Available)

The registration period for Football is June 15 – July 8, 2020. The Spotsylvania Parks and Recreation Department will offer a Football Program for Spotsylvania County residents ages 8-13. **November 1, 2020 is the age-determination date**. Leagues will be organized as follows:

League Name	Activity #	Ages	Weight Limit
Junior Varsity - League	241600-01	age 8	135 lbs. and under
		age 9	125 lbs. and under
		ages 10	115 lbs. and under
Varsity League -	241601-01	age 9	126 - 140 lbs.
		ages 10	116 - 140 lbs.
		ages 11, 12 and 13	135 lbs. and under



Practices will begin in late July. Games will be played weekday evenings and Saturdays beginning in late August and continuing through November.

PLACEMENT ON TEAMS - Players who participated in the 2019 Youth Football program, who meet age and weight requirements and register on time will return to their 2019 team. If not, players will be placed in the draft. For additional information call (540)507-7534 or (540)507-7535. All children who reside in the same household and are in the same age/weight group will automatically be placed on the same team. (Please make note on the registration form.) A Sports Age Waiver Form for children to participate one age higher than their actual age may be submitted. A child must turn 8 years old by November 1, 2020 to be eligible for a waiver. **Please note that children cannot participate in both Football or Cheerleading and Fall Soccer due to overlapping seasons. Coaches will contact players by August 3, 2020 as to which team they are on and when the first practice will be. Equipment will be handed out the morning of Saturday, August 8, 2020 for players on teams. Games will begin Saturday, August 29, 2020.**

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 the 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 at the office. The drop box is open 7 days a week from 8:00 a.m. - dusk. WE CANNOT REGISTER YOUR CHILD UNTIL A BIRTH CERTIFICATE IS SUBMITTED. DO NOT return forms to the schools. (***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 . 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. Postmarks will not be considered. Late registrations may be accepted if there is space in the league. If teams are balanced prior to the draft, late registrants will be placed on a late registration list. **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.

WEIGH-IN - **Each player must be officially weighed in at the Parks and Recreation Department**. Each child will be weighed ***once*** during the registration period. A child that does not meet the required weight will be given a second opportunity to be weighed (if they choose to do so) during the registration period. Each child will also be weighed prior to receiving equipment and that will be his or her official playing weight.

If your child cannot be present during normal hours of 8:00 a.m. – 4:30 p.m., Monday – Friday, the department's office at Loriella Park will be open on Saturday, June 20, 2020 from 8:00 a.m. to 11:00 a.m. and will be open on Tuesday, June 23, 2020 until 8:00 p.m. for participants to be weighed.

ALL PLAYERS (INCLUDING THOSE WHO REGISTERED ONLINE, MAILED IN THEIR REGISTRATION OR USED THE DROP BOX) MUST BE WEIGHED BEFORE 4:30 P.M. ON JULY 8 TO BE ELIGIBLE TO PARTICIPATE. Participants must be within the league weight requirements or a refund less 20% will be issued. **Players will be weighed wearing shoes**. Players should play in the weight division to which they naturally fall. The use of diets, diuretics, and/or unusual strenuous exercise to cause a child to lose weight to enable him to play in a younger age group is opposed by the Parks and Recreation Department and may seriously endanger a child's health. While physical examinations are not required, they are strongly recommended.

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.

EQUIPMENT - Each child will be issued a helmet and shoulder pads which must be returned to the Parks and Recreation Department at Loriella Park promptly at the end of the season. Equipment may be collected at the last scheduled game. Players may keep their jerseys. Failure to return equipment will result in the child being ineligible to participate in any other Parks and Recreation activity. No child will be issued a uniform if he has failed to turn in a uniform from a previous sport.

REFUNDS - Those wishing to withdraw from the program before the teams have been formed 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 after July 28, 2020.**

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

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P. O. Box 28, Spotsylvania, VA 22553
2020 FOOTBALL REGISTRATION FORM
www.spotsylvania.va.us/parksandrec (Online Registration Available)
REGISTRATION DEADLINE: Wednesday, JULY 8, 2020 BEFORE 4:30 P.M.

Please Print Name: First _____MI ____Last_____

Street Address _____
City Zip

Primary Phone #: ( )_____Secondary Contact #: ( )_____Alternate #:( )_____

Is this a new address or phone number?_____Email Address:_____

How old will your child be on **11-1-20?** _____ Birthdate _____

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

Please register my child for: (Ages as of November 1, 2020)

☐ JV League 241600-01 (Age 8) **135 lbs. And Under**, (Age 9) **125 lbs. And Under**, (Ages 10) **115 lbs. And Under**

☐ Varsity League 241601-01 (Age 9) **126-140 lbs.**, (Ages 10) **116-140 lbs.**, (Ages 11,12,13) **135 lbs. And Under**

Please check here if you have a waiver form and are requesting for your child to play one age older _____
If checked, a waiver form must be filled out and turned in along with the registration form.

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)

Weight (Must be filled in by Parks and Recreation Staff) _____ Date Weighed_____ Initals___

Medical conditions, injuries, or allergies _____
Optional: Please try to place my child with: Player _____
REQUESTS ARE NOT GUARANTEED Coach _____

Did child participate in the 2019 Football Program with Spotsylvania Parks and Recreation? Yes _____ No _____

If yes, which league and team? JV League Varsity League Team Name:_____

Does child have a brother/sister playing in the same age/weight group? Yes _____ No _____
If yes, name of child _____ Age _____ Weight _____
How many years has the participant played organized football? _____
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 Football Program, and I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County and the officers, employees, volunteer coaches and agents, thereof, and the Spotsylvania County school authorities from any and all claims or liability, including attorney's fees and costs for any injury or other damage suffered as a result of his/her participation. No child with an outstanding uniform will be placed on a team until the uniform is returned cleaned and mended. I understand that if my child wishes to withdraw from the program before July 28, 2020, 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 July 28, 2020, my registration fee will not be refunded. I understand that this program is open only to Spotsylvania County residents and hereby certify that my child meets this requirement. I understand that the Spotsylvania Parks and Recreation Department does not provide individual medical insurance for participants in the Youth Football 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 both Football and Cheerleading or 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)

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. **Players must be weighed before 4:30 p.m. on July 8, 2020 to be eligible to participate.** Individuals weighed after this date will be placed on the Late Registration List and will be required to pay an additional $10.00.

Head Coaches and Assistants are needed. If you wish to coach or assist, please complete the coaching application on the back of this form.

NYSCA Charter I.D. # 1016

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FOOTBALL 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 _____

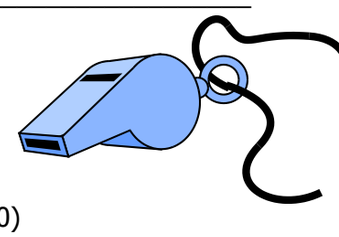
2. Name _____ Home Phone _____
   Address _____ Work Phone _____

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 child participating in football/cheerleading _____

His or her name _____ Child's Age _____ (As of Nov. 1, 2020)

Child's Date of Birth _____ League and 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.

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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 _____