

2020 FLAG FOOTBALL PROGRAM

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

The registration period for Flag Football is June 15 – July 8, 2020. The Spotsylvania Parks and Recreation Department will offer a Flag Football Program for Spotsylvania County residents ages 6 & 7. **November 1, 2020 is the age-determination date.** This league will be an instructional league to prepare participants for future contact leagues. This league is a non-contact league.

Practices will begin in early August. Games will be played Saturdays beginning in late August and continuing through October. **Coaches will contact players by August 18, 2020 as to which team they are on and when the first practice will be. Teams will practice two times a week and one weekend day. Once games start, teams will practice one day a week with one game on Saturday. (Maximum of 2 meetings within a 7 day week.)**

PLACEMENT ON TEAMS - All children who reside in the same household will automatically be placed on the same team. (Please make note on the registration form.) A child must turn 6 years old by November 1, 2020 (Age Waivers are not allowed for Flag Football). (Players will be assigned to teams according to the Spotsylvania County school in which they attend if space is available.) **Please note that children cannot participate in both Football or Cheerleading and Fall Soccer due to overlapping seasons.**

*****Due to Flag Football being an instructional league, no cheerleaders will be assigned to the Flag Football League.**

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 for on time registration only. Visit our web site at www.spotsylvania.va.us/parksandrec. To register online, you will need to complete a Household Liability Waiver Form to obtain your Household number and password. Forms are available at the Spotsylvania Parks and Recreation Office, or online. Birth certificates are required to be submitted with the Household Liability Waiver Form if one is not already on file with the department for anyone age 18 and under.

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. **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.

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 t-shirt (sizes available: Youth Small 6-8, Youth Medium 10-12, Youth Large 14-16, Adult Small 34-36, Adult Medium 38-40, Adult Large 42-44, and Adult XLarge 46-48) and mouthpiece to keep. Players should wear shorts or sweatpants for practices and games.

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 August 13, 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.

Please note if child plans to continue in the Parks and Recreation Contact Football League for 2021, they must meet the following age/weight requirements: (Weights may be re-evaluated and/or changed on a year to year basis.) JV League ages 8 (135 lbs. and under), age 9 (125 lbs. and under), age 10 (115 lbs., and under), Varsity League age 9 (126 - 140 lbs.), ages 10 (116 - 140 lbs.), ages 11, 12 and 13 (135 lbs. and under).

SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT
P. O. Box 28, Spotsylvania, VA 22553
2020 FLAG FOOTBALL REGISTRATION FORM – ACTIVITY #241604-01
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? _____

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.**

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)

Medical conditions, injuries, or allergies _____

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)

Optional: Please try to place my child with: Player _____
REQUESTS ARE NOT GUARANTEED Coach _____

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

Does child have a brother/sister playing in the same age group? Yes _____ No _____

If yes, name of child _____

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 Flag 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. I understand that if my child wishes to withdraw from the program before August 13, 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 August 13, 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 Flag 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. (**A 2.75% Non-Refundable Convenience Fee will be charged on all credit/debit card transactions.)

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

SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT
P. O. BOX 28, SPOTSYLVANIA, VA 22553
507-PLAY (7529) www.spotsylvania.va.us/parksandrec

FLAG 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: _____

Name of Spotsylvania County School Child Attends: _____

Geographic Area/Subdivision: _____

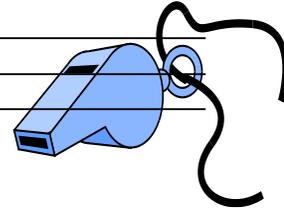
Personal References: (Please list two local references. Do not list anyone who works for Spotsylvania Parks and Recreation Department.)

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



Do you have a son/daughter playing flag football? _____

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

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 _____

Flag Football