



SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT

P.O. BOX 28

SPOTSYLVANIA, VA 22553

(540) 507-PLAY (7529)

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

The registration period for Fall Soccer is June 15 – July 15, 2020. The Spotsylvania Parks and Recreation Department will offer leagues for Spotsylvania County residents as follows:

<u>LEAGUE NAME / AGE / ACTIVITY#</u>	<u>LEAGUE NAME / AGE / ACTIVITY#</u>	<u>LEAGUE NAME / AGE / ACTIVITY#</u>
TOT / Co-Ed age 4 / 440118-03	Junior / Co-Ed age 11 / 440107-03	Mustang / Girls age 6-7 / 440111-03
Developmental / Co-Ed age 5 / 440101-03	Senior / Co-Ed age 12 / 440108-03	Bronco / Girls age 8-9 / 440112-03
Pee Wee / Co-Ed age 6 / 440102-03	Prep / Co-Ed age 13-14 / 440109-03	Colt / Girls age 10-11 / 440114-03
Rookie / Co-Ed age 7 / 440103-03	Varsity / Co-Ed age 15-17 / 440110-03	Pony / Girls age 12-13 / 440116-03
Bantam / Co-Ed age 8 / 440104-03		Intermediate / Girls age 14-17 / 440117-03
Minor / Co-Ed age 9 / 440105-03	*DRAFT LEAGUES	
Major / Co-Ed age 10 / 440106-03		
The age determination date for all groups is July 31, 2020		

The department offers girls leagues for ages 6-17.

League practices will begin in August. League games will be played weekday evenings and Saturdays beginning in early September and continuing through November at various locations throughout the County. Play-offs, for those leagues that have them, will start within one week after the regular season is concluded. The Tot / Developmental Program (non-competitive, instructional league) will be held for approximately six weeks beginning in early September.

TEAM PLACEMENT – Children who participated in the Prep and Varsity leagues in the Spring 2020 Program, and remain in the same league, will automatically return to their former team. **New players in the Prep and Varsity Leagues will be placed on teams by draft.** Children in all other leagues may or may not return to the same Spring team. Players will be assigned to teams according to the Spotsylvania County School they attend if space is available. All children who live in the same household and are in the same age 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 (each season). For more information concerning this, please contact our office.

Players that register by the deadline will be contacted by a coach by August 18, 2020 as to which team they are on. Tot / Developmental players will be contacted by August 28, 2020.

REGISTRATION PROCEDURE - The registration fee is \$45. **Make your check payable to “Treasurer, Spotsylvania County”.** There will be a **\$50 service charge on all returned checks.** To register your child, complete the registration form and return it by mail or in person with the fee and a copy of the child’s birth certificate (if one is not already on file with us) to the Parks and Recreation Department. A drop box is located at Loriella Park at the park office. The drop box is open 7 days a week from 8:00a.m. – Dusk. **DO NOT return forms to the schools. WE CANNOT REGISTER YOUR CHILD UNTIL A BIRTH CERTIFICATE IS SUBMITTED.** Please note: Children may not participate in both Fall Soccer and Cheerleading or Football or in both Co-ed and Girls soccer leagues. Information on our Sports Activities can also be found on our web site at www.spotsylvania.va.us/parksandrec. 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 15, 2020.

Postmark dates will not be considered. Late registrations may be accepted if there is space. If teams are balanced prior to the draft / team placement, late registrations 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 registration is before 4:30 p.m. on Friday, August 28, 2020. (**A 2.75% Non-Refundable Convenience Fee will be charged on all credit card transactions.)

UNIFORM – Each child will be issued a T-shirt, which he/she may keep. Parents are responsible for providing a pair of plain boxer-type gym shorts and other expenses may be incurred. **No child will be placed on a team or issued a shirt until he/she has turned in all uniforms and equipment from other sports that he/she is not entitled to keep.** Participants are not allowed to wear jewelry or earrings of any type (including starter earrings) while participating in the soccer program. **NO EXCEPTIONS.**

INSURANCE – The Spotsylvania Parks and Recreation Department does not provide individual medical insurance for participants in the Youth Sports Program. 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.

TRANSFERS – All transfers must be made in person prior to the start of practices and/or games. A transfer request form must be filled out and signed before a transfer can be made. Transferred registrants may be placed on a waiting list if there is no space available. A \$5.00 fee will be charged for each transfer.

REFUNDS – Individuals requesting a refund must cancel their registration in writing and submit it to Spotsylvania Parks and Recreation Department prior to team placements. A 20% administrative fee will be charged on all refunds. **There will be no refunds given to those who withdraw after Thursday, August 13, 2020.**

INTERESTED IN COACHING? HEAD COACHES ARE NEEDED. The Spotsylvania Parks and Recreation Department is a chapter of the National Youth Sports Coaches Association (NYSCA). It includes \$500,000.00 worth of liability insurance protection. For information, please call our office.

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2020 FALL SOCCER REGISTRATION FORM

REGISTRATION DEADLINE: WEDNESDAY, JULY 15, 2020 BEFORE 4:30 P.M.

Please Print Legibly: First MI Last Boy Girl
Complete Address
City Zip Area/Subdivision:
Primary Phone #: () Secondary Contact #: () Alternate #: ()
Is this a new address or phone number?
Parent's Email Address:

How old will your child be on 7-31-20? 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 attached and are requesting for your child to play one age older
***(AGE WAIVER MUST BE ATTACHED TO THE REGISTRATION FORM IF YOU ARE AGE WAIVERING YOUR CHILD TO PLAY ONE YEAR OLDER.)

Please register my child for: (Ages as of July 31, 2020)
Girls ages 6-17 can be in either girls or co-ed soccer, which would you prefer? (Circle) Co-Ed Girls

- CO-ED LEAGUE
Tot / Co-Ed age 4 / 440118-03
Developmental / Co-Ed age 5 / 440101-03
Pee Wee / Co-Ed age 6 / 440102-03
Rookie / Co-Ed age 7 / 440103-03
Bantam / Co-Ed age 8 / 440104-03
Minor / Co-Ed age 9 / 440105-03
Major / Co-Ed age 10 / 440106-03
Junior / Co-Ed age 11 / 440107-03
Senior / Co-Ed age 12 / 440108-03
Prep / Co-Ed age 13-14 / 440109-03
Varsity / Co-Ed age 15-17 / 440110-03
GIRLS ONLY LEAGUE
Mustang / Girls age 6-7 / 440111-03
Bronco / Girls age 8-9 / 440112-03
Colt / Girls age 10-11 / 440114-03
Pony / Girls age 12-13 / 440116-03
Intermediate / Girls age 14-17 / 440117-03

*DRAFT LEAGUES

We reserve the right to combine leagues based on participation numbers.

Name of Spotsylvania County School Child Attends:
(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)

Medical conditions, injuries, or allergies

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

Did child participate in 2020 Spring Soccer Program with Spotsylvania Parks & Recreation? YES NO
If yes: League Name Team Name
Does child have a brother or sister playing in the same age group? YES NO
If yes: Name of Child Age

Parental Consent: (Parent or legal guardian must 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 Fall Soccer Program. 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 being placed on a team, 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 Soccer 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. Children may not participate in both Fall Soccer and Football/Cheerleading and girls may not participate in both the Co-Ed and Girls Soccer Leagues. 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 if necessary to undertake all reasonable steps to insure that a child is not exposed to unnecessary dangers to said child's life or health.

No child will be allowed to participate if he/she has failed to turn in equipment or a uniform belonging to the Parks and Recreation Department.

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

Please make your check payable to: Treasurer, Spotsylvania County. The fee is \$45 per child. There will be a \$50 service charge on all returned checks.
Head Coaches and assistants are needed. If you wish to coach or assist, please complete the coaching application on the back of this form.



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FALL SOCCER 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 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 like to be a team representative for Tot (age 4) _____ Developmental (age 5) _____

I want to coach in (circle one) ages as of 7/31/20)

- | | | | |
|--------------------------------|---------------------------------------|-------------------------------|-------------------------------|
| Pee Wee (age 6) | Rookie (age 7) | Bantam (age 8) | Minor (age 9) |
| Major (age 10) | Junior (age 11) | Senior (age 12) | Prep (age 13-14) |
| Varsity (age 15-17) | <i>Mustang (girls ages 6-7)</i> | <i>Bronco (girls age 8-9)</i> | <i>Colt (girls age 10-11)</i> |
| <i>Pony (girls ages 12-13)</i> | <i>Intermediate (girls age 14-17)</i> | | |

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

Do you have a son or daughter playing? _____

His or her name _____ Child's Age _____ (As of July 31, 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.

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_____ (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 _____