

Spotsylvania Parks and Recreation Department P. O. Box 28, Spotsylvania, VA 22553 (540) 507-7529



[www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec) (On-Line Registration)

### 2019-2020 YOUTH BASKETBALL PROGRAM

The Spotsylvania Parks and Recreation Department will offer basketball leagues for boys and girls ages 6-17 who are Spotsylvania County residents. The registration period for youth basketball is October 7-30, 2019.

Leagues will be as follows:

Developmental – Boys and Girls Age 6 (340401-01) ( <b>Beginner Skills-Instruction Only</b> )*Must Be 6 By December 1, 2019	
Pee Wee - Introduction Into Team Playing – Boys and Girls Age 7 (340402-01)	
Bantam Boys – Age 8 (340403-01)	Bantam Girls – Age 8 (340410-01)
Minor Boys – Age 9 (340404-01)	Rookie Girls – Age 9 (340411-01)
Major Boys – Age 10 (340405-01)	Major Girls – Age 10 (340412-01)
Junior Boys – Age 11 (340406-01)	Junior Girls – Age 11 (340413-01)
Senior Boys – Age 12 (340407-01)	Senior Girls – Age 12 (340414-01)
Prep Boys – Age 13-14 (340408-01)	Prep Girls – Age 13-14 (340415-01)
Varsity Boys – Age 15-17 (340409-01)	Varsity Girls – Age 15-17 (340416-01) <b>*DRAFT LEAGUES</b>

**The age determination date for all leagues is July 31, 2019**

Practices will be held weekday evenings and Saturdays during the month of December. Games will be played weekday evenings and Saturdays beginning in January (Pee Wee league games are played on Saturdays only). The program, including playoffs, will conclude in March. The Developmental (instructional-age 6) Program will begin in December with team meetings on Saturdays.

**TEAM PLACEMENT** - Children who participated in the 2018-2019 season, and do not advance to a new age group, will return to the same team that they played on. New players will be placed on teams according to the school zone in which they live except for those in the Prep Boys, Varsity Boys, and Varsity Girls who will be placed by a draft. Every player who registers before the deadline or on the deadline day before 4:30 p.m. will be assigned to a team. Children who live in the same household and are in the same league will automatically be placed on the same team (please note on the registration form). **We reserve the right to combine leagues based on participation numbers.** A Sports Age Waiver Form for children to participate one age higher than their actual age may be submitted. A child must turn 6 years old by December 1, 2019 to be eligible for an age waiver to play in the Developmental League only. For more information, please contact our office.

**Players that register by the deadline will be contacted by a Coach by December 6 as to which team they are on and when the first practice will be. Developmental Basketball players will be contacted by a Team Representative by November 19, as to which team they are on and when the first team meeting will be.**

**REGISTRATION PROCEDURE - The registration fee is \$45.00.** Please 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 or mail 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. A drop box is located at Loriella Park next to the side door of the park office and is open 7 days a week from 8:00 a.m. until dusk. **WE CANNOT REGISTER YOUR CHILD UNTIL A BIRTH CERTIFICATE IS SUBMITTED.** DO NOT return forms to the schools. Online registration is available at [www.spotsylvania.va.us/parksandrec](http://www.spotsylvania.va.us/parksandrec). (\*\*A 2.95% Non-Refundable Convenience Fee will be charged on all credit/debit card transactions.)

**DEADLINE TO REGISTER IS BEFORE 4:30 P.M. ON WEDNESDAY, OCTOBER 30, 2019.**

Registration forms must be received at the Parks and Recreation office by 4:30 p.m. on that date. Postmark dates will not be considered. Late registrations will be accepted if there is space. All late registrations must pay \$55.00. The last day late registrations will be accepted for the Developmental League is Tuesday, November 26, 2019. The last day late registrations will be accepted for all other leagues is Friday, December 27, 2019.

**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. 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.**

**INSURANCE** - 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.

**TRANSFERS** – All transfers must be made in person prior to the start of 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** - 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 must 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 Tuesday, December 3, 2019. (If payment is made by credit/debit card, the 2.95% Convenience Fee will not be refunded.)**

**HEAD COACHES AND ASSISTANTS ARE NEEDED.** If you wish to coach or assist, please fill out the coaching applications located at the back of the registration form. The Spotsylvania Parks and Recreation Department is a chapter of the National Youth Sports Coaches Association. We provide online training for you as a coach which includes \$500,000.00 worth of liability insurance protection. ([www.nays.org](http://www.nays.org))

Spotsylvania Parks and Recreation Department
P. O. Box 28, Spotsylvania, VA 22553 (540) 507-7529
www.spotsylvania.va.us/parksandrec (On-Line Registration)
2019-2020 YOUTH BASKETBALL PROGRAM REGISTRATION FORM
REGISTRATION DEADLINE - WEDNESDAY, OCTOBER 30, 2019 BEFORE 4:30 P.M.

Please Print: First MI Last Boy Girl
Complete Address

Primary Phone# Secondary Contact # Alternate #:
City Zip

Parent's Email Address
Is this a new address or phone number?

How old was your child on 7-31-19? Birthdate

Please check here if you have attached a waiver form and are requesting for your child to play one age older

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



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 Sm. (6-8) Youth Med. (10-12) Youth Lg. (14-16)
Adult Sm. (34-36) Adult Med. (38-40) Adult Lg. (42-44) Adult XLg. (46-48)

Medical conditions, injuries, or allergies

Please register my child for: (Ages as of July 31, 2019)

- Developmental (Co-Ed) Age 6 - 340401-01 (Beginner Skills-Instruction Only)
Pee Wee (Co-Ed) Age 7 - 340402-01
Bantam Boys Age 8 - 340403-01 Bantam Girls Age 8 - 340410-01
Minor Boys Age 9 - 340404-01 Rookie Girls Age 9 - 340411-01
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Junior Boys Age 11 - 340406-01 Junior Girls Age 11 - 340413-01
Senior Boys Age 12 - 340407-01 Senior Girls Age 12 - 340414-01
Prep Boys Age 13-14 - 340408-01 \*DRAFT Prep Girls Age 13-14 - 340415-01
Varsity Boys Age 15-17 - 340409-01 LEAGUES Varsity Girls Age 15-17 - 340416-01

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

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

Did your child participate in the 2018-2019 Youth Basketball program with Spotsylvania Parks and Recreation? Yes No
If yes, which league and team name or coach's name
Does your child have a brother or sister playing in the same league? Yes No
If yes, name of child and age
Organized basketball playing experience: years
Parental Consent: (Parent or Legal Guardian must read and sign below.)

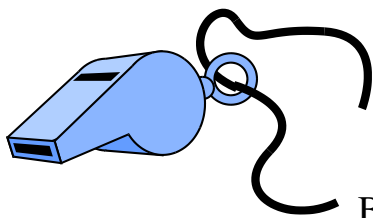
I hereby give my consent and approval for my child named above to participate in the Spotsylvania Parks and Recreation Department's 2019-2020 Youth Basketball Program. I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County and the officers, employees, volunteer coaches and agents, 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. No child with an outstanding uniform/equipment will be placed on a team until the uniform/equipment is returned cleaned and mended. 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 December 3, 2019, 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 Basketball 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. 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.

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.

Parent/Legal Guardian Signature Date
Parent/Legal Guardian Name (Print)

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 fill out the coaching application located at the back of the registration form.



SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT  
 P. O. BOX 28, SPOTSYLVANIA, VA 22553  
 507-PLAY (7529)  
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## BASKETBALL 2019-2020 COACHING APPLICATION

### BACKGROUND CHECKS ARE PROCESSED ON EVERY COACHING APPLICATION

**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: \_\_\_\_\_

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 Developmental (age 6) \_\_\_\_\_

I want to coach in (**circle one**) ages as of 7/31/19)

Pee Wee **Co-Ed** (age 7)      Bantam **Boys** (age 8)      Minor **Boys** (age 9)      Major **Boys** (age 10)

Junior **Boys** (age 11)      Senior **Boys** (age 12)      Prep **Boys** (age 13-14)      Varsity **Boys** (age 15-17)

Bantam **Girls** (age 8)      Rookie **Girls** (ages 9)      Major **Girls** (age 10)      Junior **Girls** (age 11)

Senior **Girls** (age 12)      Prep **Girls** (age 13-14)      Varsity **Girls** (ages 15-17)

**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, 2019)

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.**

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

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



