



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

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

The registration period for the 2020 Spring Soccer season is January 6 – 29, 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 – 243318-01	Senior – Co-Ed age 12 – 243308-01	Mustang – Girls age 6-7 – 243311-01
Developmental - Co-Ed age 5 – 243301-01	*Prep – Co-Ed age 13-14 – 243309-01	Bronco – Girls age 8-9 – 243312-01
Pee Wee - Co-Ed age 6 – 243302-01	*Varsity – Co-Ed age 15-18 – 243310-01	Colt – Girls age 10-11 – 243314-01
Rookie - Co-Ed age 7 – 243303-01		Pony – Girls age 12-13 – 243316-01
Bantam - Co-Ed age 8 – 243304-01		Intermediate–Girls 14-18 – 243317-01
Minor - Co-Ed age 9 – 243305-01	*DRAFT LEAGUES	
Major – Co-Ed age 10 – 243306-01		
Junior – Co-Ed age 11 – 243307-01		

18 yr. olds must still be enrolled in High School during the 2019-2020 school year

The age determination date for all groups is July 31, 2020

League games will be played weekday evenings and Saturdays beginning in late March and continuing through May 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 meet on Saturdays for approximately six weeks beginning in March.

TEAM PLACEMENT - Children who participated in the Prep and Varsity Leagues in the Fall 2019 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 will be assigned to teams according to the school attendance zone in which they live 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. For more information concerning this, please contact our office.

Players that register by the deadline will be contacted by a coach by March 9, 2020 as to which team they are on. Tot/Developmental players will be contacted by March 20, 2020.

REGISTRATION PROCEDURE - The registration fee is \$45. Make checks 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 office and is open 7 days a week from 8:00 a.m. - dusk. DO NOT return forms to the schools. WE CANNOT REGISTER YOUR CHILD UNTIL A BIRTH CERTIFICATE IS SUBMITTED. **Please note: Children participating in Spring Soccer may not play in Minor, Major, Prep Baseball or Rookie Softball because of the overlap in seasons.** Information on our Sports Activities can also be found on our web site at www.spotsylvania.va.us/parksandrec.

DEADLINE TO REGISTER IS BEFORE 4:30 P.M. ON WEDNESDAY, JANUARY 29, 2020.

Postmark dates will not be considered. Late registrations may be accepted if there is space. If teams are balanced prior to the draft/placement, 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 registration is March 20, 2020. Online registration is available at www.spotsylvania.va.us/parksandrec. (**A 2.95% 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, shinguards, 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 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 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 the 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 Wednesday, March 4, 2020. (If payment is made by credit card, the 2.95% Convenience Fee will not be refunded.)**

HEAD COACHES AND ASSISTANTS ARE NEEDED – **If you wish to coach or assist, please pick up one of the coaching applications located at the Loriella Park Office.** The Spotsylvania Parks and Recreation Department is a chapter of the National Youth Sports Coaches Association. We provide training for you as a coach which includes \$500,000.00 worth of liability insurance protection.

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2020 SPRING SOCCER REGISTRATION FORM

REGISTRATION DEADLINE: WEDNESDAY, JANUARY 29, 2020 BEFORE 4:30 P.M.

Girls ages 6-18 can be in either co-ed or girls' soccer, which would you prefer? (circle) Co-Ed Girls

Please Print Legibly: First MI Last Boy Girl

Complete Address

City Zip

Primary Phone# Secondary Phone# Alternate Phone#

Is this a new address or phone number? Area/Subdivision:

Parent's Email Address:

How old will your child be on 7-31-20? 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 A birth certificate must accompany this form if not already on file.

CO-ED LEAGUE

- Tot / Co-Ed age 4 / 243318-01
Developmental / Co-Ed age 5 / 243301-01
Pee Wee / Co-Ed age 6 / 243302-01
Rookie / Co-Ed age 7 / 243303-01
Bantam / Co-Ed age 8 / 243304-01
Minor / Co-Ed age 9 / 243305-01
Major / Co-Ed age 10 / 243306-01
Junior / Co-Ed age 11 / 243307-01
Senior / Co-Ed age 12 / 243308-01
Prep / Co-Ed age 13-14 / 243309-01
Varsity / Co-Ed age 15-18/ 243310-01

GIRLS ONLY LEAGUE

- Mustang / Girls age 6-7 / 243311-01
Bronco / Girls age 8-9 / 243312-01
Colt / Girls age 10-11 / 243314-01
Pony / Girls age 12-13 / 243316-01
Intermediate / Girls age 14-18/243317-01

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)

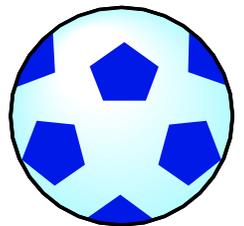
Medical conditions, injuries, or allergies

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

Did child participate in 2019 Fall Soccer Program with Spotsylvania Parks & Recreation? Yes No
If yes, which league and team?

Does child have a brother or sister playing in the same age group? Yes No
If yes, name of child age

Organized soccer 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 2020 Spring 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 March 4, 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 participating in Spring Soccer may not play in Minor, Major, Prep Baseball or Rookie Softball because of the overlap in seasons. 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 or Legal Guardian Signature Date

Print Parent or Legal Guardian 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 fill out back of child's registration form.



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SPRING 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 Phone# _____ Alternate Phone # _____

Email Address _____

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)
- Varsity (age 15-18) Mustang (girls ages 6-7) Bronco (girls age 8-9) Colt (girls age 10-11)
- Pony (girls ages 12-13) Intermediate (girls age 14-18)

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.

Signature _____ Date _____

Print Name _____