



Division of Parks and Recreation

YOUTH SOCCER PROGRAM

Boys and Girls grades K - 12

Coed leagues and girls leagues available

Registration: August 24 - Sept 11

Parks & Recreation: Monday - Friday, 8:15 am - 5:00 pm

Tabb Library: Wednesday, Sept 9, 4:00 - 7:00 pm



VOLUNTEERS ARE NEEDED!

Are you a parent of an excited soccer player?

Do you have a little time to pass along
your knowledge of the sport?

Do you want to learn? We **CAN** teach you!

Please consider serving as a coach or assistant coach
and let us know on the **registration form**. *Thank You!*



SCHEDULE

The coaches meeting will be on Wednesday, Sept 30 grades 1-6 and Thursday, Oct 1 grades 7-12. Weekly practices and games will be held on Saturdays and two weeknights. See back registration form for meeting days by league. Parents will be contacted prior to the first practice on **Saturday, Oct. 3**

INSTRUCTIONAL KINDERGARTEN CLASS

This coed program is for **current** kindergarteners. **Parents are encouraged to participate with their children in learning the fundamentals of soccer.** Classes meet for one hour on Saturday for **eight (8) consecutive** weeks, beginning **Sept 26**. There is a maximum of 30 kids per class (2 classes 2 sites). Tee-shirts are **not** provided. Program culminates with a game for the parents to see their children demonstrate what they have learned!

EQUIPMENT

Participants **must** provide their own shin guards and wear them to **all** practices and games. Shoes with molded soles are recommended but sneakers are acceptable. Shoes that have detachable, metal, or full sized toe cleats **are prohibited**. **All jewelry is prohibited**. Uniform tee-shirts are provided for grades 1-12.

INFORMATION

For more information, please call Parks & Recreation at 890-3500.



REGISTER



IN PERSON- Register at the Parks and Recreation Office, 100 County Drive, Grafton. Office hours are 8:15 a.m. to 5:00 p.m., Mon - Fri.
MAIL- A complete registration form with a check to PARKS & RECREATION, P.O. BOX 532, YORKTOWN, VA 23690. Please make checks payable to “York County Parks & Recreation”.
NOTE: PLEASE SUBMIT ONE CHECK PER FAMILY.

DATES

All forms must be received prior to 5:00 pm on Sept. 11.
The Instructional Kindergarten Class has a limit of 120 children & may reach this limit before Sept 11th.
Parks & Recreation will also be at the Tabb Library on Wednesday, Sept. 9 from 4:00 - 7:00 pm to accept registrations.

FEE

\$35 for the first child; **\$30** for each additional child per family.

ELIGIBILITY

York County residents **who are in grades K –12** can participate. Children who are currently in grades 9–12 and are in the process of trying out for a school soccer team, are encouraged to register. Refunds will be given to those children who make the team.

WAIVERS

The Board of Supervisors has authorized a fee waiver for this program for any child whose family income falls within the Federal Food Stamp eligibility limits applicable to York County. A copy of your current food stamp card **is required** with this registration form in order to qualify for this waiver.

SPECIAL REQUESTS

Teams are put together based on grade, gender, siblings, school, and experience. Since there are approximately 1,000 registered children, **special requests cannot be accepted.** Registrations received after the deadline will automatically be placed on a **waiting list** and assigned to teams on an **as-needed** basis.

REGISTRATION FORM

NO SPECIAL REQUESTS

Please complete one form per participant.

Player's Name _____

Address _____
Street _____

City _____ State _____ Zip _____

Home Phone # _____

Parent Work # _____ / _____
Mother / Father

Emergency Phone # _____

E-mail: _____

Male Female Birth Date _____

York Co. School _____ Grade _____

Have you ever repeated a grade? Yes No

I have a sibling in grade _____ registered.

I have played "Select Soccer" _____ seasons.

I am **currently** playing "Select Soccer"

Yes No

Does the above participant have any special conditions that Parks & Recreation should be aware of?

Yes No If yes, please specify _____

WE NEED YOUR HELP !

Coach Assistant Coach

Coaches will be subject to background checks.

Name: _____

Check Specific League:

COED  **GIRLS**

Instructional Class - Coed - Grade K (Saturday mornings)		<input type="checkbox"/>	11A		
Developmental I Grade 1 (M/W/S)		<input type="checkbox"/>	12A	<input type="checkbox"/>	18A
Developmental II Grade 2 (T/TH/S)		<input type="checkbox"/>	13A	<input type="checkbox"/>	19A
Primary Grades 3 & 4 (M/W/S)		<input type="checkbox"/>	14A	<input type="checkbox"/>	20A
Elementary Grades 5 & 6 (T/TH/S)		<input type="checkbox"/>	15A	<input type="checkbox"/>	21A
Intermediate Grades 7 & 8 (T/TH/S)		<input type="checkbox"/>	16A	<input type="checkbox"/>	22A
Senior Grades 9 - 12 (M/W/S)		<input type="checkbox"/>	17A	<input type="checkbox"/>	23A

Not enough girls signed up? I will play coed. Yes No
If "no" is checked a refund will be issued!

MEDICAL RELEASE (signature required): I (we) the below signed certify (1) that we agree to assume all risks in connection with the soccer program and do hereby release, absolve, indemnify, and hold harmless the County of York and its employees and representatives involved with the activity, and (2) that the responsibility for carrying appropriate medical plans including hospitalization, lies with below signed.

X

Signature of Parent or Guardian

MEDIA RELEASE: (signature optional): I (we) give permission for activity videos and photographs to be taken of the program participant, and understand they will only be used in official York County publicity, such as York Government Cable Channel, York County Internet website publications, displays, and presentations.

X

Signature of Parent or Guardian

Please circle the correct T-Shirt size:

Youth Medium	10-12	Adult Small	34-36
Youth Large	14-16	Adult Medium	38-40
		Adult Large	42-44
		Adult X-Large	46-48