Division of Parks, Recreation and Tourism
YOUTH SOCCER PROGRAM

NOW ACCEPTING NON-COUNTY RESIDENTS

Boys and Girls Grades K - 12
Coed and Girl Leagues Available

Registration: January 23 - February 10, 2017

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

REGISTRATION INFORMATION

REGISTER

IN PERSON - Register at the Parks, Recreation and Tourism Office, 100 County Drive, Grafton. Office hours are 8:15 am to 5:00 pm, Monday - Friday.

MAIL - A complete registration form with a check to PARKS, RECREATION AND TOURISM, P.O. BOX 532, YORKTOWN, VA 23690. Please make checks payable to "**Treasurer, County of York**". NOTE: PLEASE SUBMIT ONE CHECK PER FAMILY.

SAVE TIME! REGISTER ONLINE!!!

ONLINE - Call 757-890-3500 or email parksandrec@yorkcounty.gov to set up your new online registration account or to obtain your username and password. You may then register online at http://recreation.yorkcounty.gov.

DATES

Forms must be received prior to 5:00 pm on Friday, February 10. Instructional Kindergarten Class has a limit of 120 children and may reach this limit before February 10.

FEE

Resident: **$55** for the **first child**; **$50** for **each additional child** per family.
Non-County Resident: **$90** for all non-county residents.

ELIGIBILITY

York County and non-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 Supplemental Nutrition Assistance Program (SNAP - Federal Food Stamp) eligibility limits applicable to York County. Proof of eligibility along with proper ID are required for registration in person at the PRT office. This waiver is available for **York County** residents only.

NO 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.

LEAGUE INFORMATION

SCHEDULE

The coaches meeting will be on Tuesday, March 7 for grades 1-6 and Wednesday, March 8 for grades 7-12. Weekly practices and games will be held on Saturdays and two weeknights. See registration form for meeting days by league. Parents will be contacted prior to the first practice on Saturday, March 11.

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 March 4. 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 and must be worn for all games. **NO** shorts/pants with zippers or pockets allowed at practices and games.

INFORMATION

For more information, please call Parks, Recreation & Tourism at 757-890-3500.

These materials are neither sponsored nor endorsed by the York County School Division or this school.

REGISTRATION FORM ON REVERSE SIDE

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 this registration form. ***Thank You!***

REGISTRATION FORM (ONE FORM PER PARTICIPANT)

Participant's Name: _____ ❑ Resident ❑ Non-Resident

Gender: ❑M ❑F Date of Birth: ____/____/____ Age: _____ Grade: _____ (Spring 2017) School: _____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Home #: _____ Work #: _____ Emergency #: _____ Cell #: _____

Emergency Contact Name: _____

Email: _____

Does the above participant have any special conditions that the Division of Parks, Recreation and Tourism should be aware of? ❑ Yes ❑ No If yes, please specifiy: _____

Have you ever repeated a grade? ❑ Yes ❑ No

I have a sibling in grade(s) _____ registered in this program.

I have played "Travel Soccer" for ___ seasons. I am an experienced goal keeper: ❑ Yes ❑ No

REGISTRATION POLICIES & CONSENT (SIGNATURE REQUIRED)

Important: Read the following carefully before signing below. As a registered participant OR a parent or legal guardian of a registered participant in any activity sponsored by York County Parks, Recreation and Tourism, I acknowledge and consent to the program policies listed here as indicated by my signature below:

Acknowledgement and Assumption of all Inherent Risk: I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I and/or the listed dependent(s) registered here may sustain as a result of, or in any way connected with participating in any and all registered activities on this Registration Form.

Indemnity: I hereby do fully release, absolve, indemnify, and hold harmless the County of York, Virginia, its Officers, Agents, Employees and Volunteers from and against any, and all, liability which I and/or a listed dependent on this Form may suffer as well as from any claims from injury, including death, damages or loss which I and/or any registered dependent(s) on this Form may have or incur as a registered participant in an activity sponsored by York County Parks, Recreation and Tourism.

Medical Care: I authorize the County of York, Virginia, its Officers, Agents, Employees and Volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and or rescue squad and authorize the same to effect such treatment of the registrant(s) as they deem advisable. I also assume responsibility for carrying appropriate medical plans including hospitalization.

Authorized Media Release: I understand that the registered individual(s) on this form may be photographed and/or videotaped for promotional purposes and give my permission for these photos to be used in public media (print and online newspapers, television and radio broadcoast, etc.) and official York County publicity (including York County Government and School cable channels, internet Web sites, press releases, social media postings, YouTube, publications, fliers, displays, and presentations).

X_____ SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN _____ DATE

Check Specific League:

			COED	GIRLS
Instructional Class	Grade K	(S)	11A	------
Developmental I	Grade 1	(M/W/S)	12A	------
Developmental II	Grade 2	(T/TH/S)	13A	------
Primary	Grades 3 & 4	(M/W/S)	14A	20A
Elementary	Grades 5 & 6	(T/TH/S)	15A	21A
Intermediate	Grades 7 & 8	(T/TH/S)	16A	------
Senior	Grades 9 - 12	(M/W/S)	17A	------

If not enough girls signed up for Girls Only soccer, I will play coed: ❑ yes ❑ no If "no" a refund will be issued.

CHECK T-SHIRT SIZE:

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

WE NEED YOUR HELP!

☐ **Coach**

☐ **Assistant Coach**

Coaches will be subject to background checks.

Name: _____

Phone: _____

Print Form