

PLEASE REVIEW OUR TERMS BELOW BEFORE REGISTERING. YOU UNDERSTAND:

1. Participants may be placed on any team that practices at any location in King George County.
2. Practices may begin Monday-Saturday, 5:30 or 6:30PM Mon-Fri and 9AM-12PM Saturday. Please list any non-preferred practice dates on the form, and we will attempt to not schedule you for those days.
3. We do not take player or coach requests. Please do not ask to play with or not with a certain player or coach.
4. Any team that is U12 AND ABOVE may have scheduled games outside of King George County. Transportation is solely the registrant's responsibility.
5. Youth soccer games may be scheduled any day from Monday to Saturday.
6. No refunds after the games begin-payment must accompany registration form

After rosters have been distributed, request for changes for any reason will be placed on a waiting list and will be filled as slots become available.

A \$5 charge will be applied to refund requests

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King George Parks and Recreation 2017 Fall Youth Soccer Registration Form

PARTICIPANT'S LAST NAME: _____ FIRST NAME: _____ MI: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 DATE OF BIRTH: _____ GENDER: M OR F

COED LEAGUES

3-4 Pee Wee Program _____ (no age waivers)
(date of birth from August 2, 2012-August 1, 2014)

U-6 (4 & 5) League _____ (no age waivers)
(date of birth from August 2, 2011-August 1, 2013)

U-8 (6 & 7) League _____ (no age waivers)
(date of birth from August 2, 2009-August 1, 2011)

U-10 (8 & 9) League _____
(date of birth from August 2, 2007-August 1, 2009)

U-12 (10 & 11) League _____
(date of birth from August 2, 2005-August 1, 2007)

U-14 (12 & 13) League _____
(date of birth from August 2, 2003-August 1, 2005)

U-19 (14, 15, 16, 17, & 18) League _____
(date of birth from August 2, 1998-August 1, 2003)

SINGLE DAY YOU WOULD BE LEAST LIKELY TO BE ABLE TO PRACTICE: _____

PREFERRED PRACTICE LOCATION (order from best to worst, 1-5): ___ Sealston Sports Complex (SSC) |
 ___ Hunter Field (behind the School Board Office) (U16 and U19 only) | ___ Barnesfield Park |
 ___ Ralph Bunch School (near intersection of 301 and 205) | ___ Shiloh Park (by the KGES) (U6 and U8 only)

NAME OF **SIBLING(S)** ALSO REGISTERED FOR THE PROGRAM AND HIS/HER **DIVISION(S)**: _____

CIRCLE YOUR UNIFORM SIZE OR INDICATE YOU HAVE IT BY CIRCLING THAT OPTION:

UNIFORM SIZE:	<u>Y-SM</u>	<u>Y-MED</u>	<u>Y-LG</u>	<u>A-SM</u>	<u>A-MED</u>	<u>A-LG</u>	<u>A-AXL</u>	<u>A-XXL</u>	OR	<u>ALREADY HAVE</u>
(numerical size approx.):	5-6	7-8	10-12	14-16						
(waist size approx.):	20"- 22"	22"- 24"	24"- 26"	28"- 30"	32"- 34"	36"- 38"	40"- 42"	42"- 44"		

Note: Please ask for an **AGE WAIVER** if you want your child to play in a division above their current age. Due to safety concerns, age waivers are only meant for players who play at a skill level well above most players in their standard age brackets, so please refrain from using age waivers for convenience purposes.

PLAYER INFORMATION

SKILL LEVEL (CIRCLE ONE): 1. NOVICE | 2. BEGINNER | 3. SKILLED | 4. ADVANCED | 5. VERY ADVANCED

PRIOR SOCCER EXPERIENCE: _____

Please give the name of a friend or closest relative we may contact if unable to reach you:

Emergency Contact: _____

Relationship to child: _____

Phone: (____) _____ (H) (____) _____ (W) (____) _____ (C)

*Have you registered with KG Alert? YES NO If NO, please go to www.kgalert.com to register. Please make sure you select "Parks and Rec" when registering to receive up to date information on cancellations or changes.

IMPORTANT DATES:

Early Registration (\$75 fee if you have your uniform): June 1st – June 30th

\$85 fee if you did not play in Spring 2017 and/or you need a new uniform

General Registration (\$85 fee if you have your uniform): July 1st – August 1st, 2017

\$95 fee if you did not play in Spring 2017 and/or you need a new uniform

Late Registration (only if spots open; \$115 fee): August 2nd – 3rd, 2017

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LIVES WITH: Father Mother Both Legal Guardian

FATHER	MOTHER
Name: _____	Name: _____
Address: _____	Address: _____
County/City: _____ Zip: _____	County/City: _____ Zip: _____
Subdivision: _____	Subdivision: _____
Home Phone: _____	Home Phone: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

PLEASE NOTE: The King George County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the participants.

I hereby give my consent and approval for my son/daughter to participate in this activity sponsored by the King George County Department of Parks and Recreation. I hereby release, hold harmless and indemnify the King George County Board of Supervisors, the King George County Administration, King George County Department of Parks and Recreation, King George County School Board and its officers, employees, agents and volunteers for any accident, injury or loss as a result of his/her participation in this program. I understand the risks involved with this activity and know my child is physically able to participate in this program. Photographs and videos of participants may be used for publicity in order to increase community awareness of King George County Parks & Recreation programs and in any and other media without limitation.

Are there any medical conditions the staff, coaches or instructor(s) should know about? Y _____ N _____ If yes, please list condition(s) and medications used:

In the event of an EMERGENCY, I hereby give my consent for the King George County Parks & Recreation Department to arrange for _____ to be taken to the Emergency Room and to be treated by a Physician on Staff.

Signature of Parent/Guardian or Participant, if over 18 Date

By signing below, I acknowledge that I have read and agree to the aforementioned and that I/we will abide by the applicable program rules associated with the program.

Signature (Parent /Guardian if participant is under the age of 18) Date

DEAR PARENT: We are always in need of volunteer coaches. Coaching takes only 2-3 hours each week and does not require extensive knowledge of soccer. In addition, head coaches get to decide the days, times, and location for their practices, and they will be refunded one soccer registration at the end of the season in appreciation of all their hard work. The program would not be nearly as successful without volunteer coaches, so please consider signing up. Thank you!

HEAD COACH: _____	ASSISTANT COACH: _____
Name: _____	Home Number: _____
E-Mail: _____	Work Number: _____

OFFICE USE ONLY:

AMT PAID\$ _____ **CHK#** _____ **CASH:** _____ **DATE:** _____ **RCPT#** _____ **RD** _____ **BK** _____