

Greene County Parks & Recreation Fall 2010 Youth Soccer League

Fee: \$45.00 1st child/ \$5 off each additional child
\$10 Late Fee if submitted after August 1, 2010



Child's Name _____

Gender _____ Date of Birth _____ Age _____

How Many Years Playing Soccer? _____

Name of Parent/Guardian _____

Home Address _____ City _____

Home Phone _____ Work Phone _____

Email Address _____

Name of Person (s) permitted to pick up your child at the end of play _____

Name of Person (s) to contact in case of emergency _____

Your child will not be permitted to leave with any person not previously approved by parent or guardian

Please Circle Division:

Hot Shots (U6) ages 4&5 8/1/06—7/31/04 \$45/\$40 for 2nd child same family

**** No weekday practices for Hot Shots (U6)****

Under 8 (U8) ages 6&7 8/1/04 - 7/31/02 \$45/ \$40 for 2nd child same family

Under 10 (U10) ages 8&9 8/1/02 - 7/31/00 \$45/ \$40 for 2nd child same family

Under 12 (U12) ages 10&11 8/1/00 - 7/31/98 \$45/ \$40 for 2nd child same family

If you would like your child to play up an age level, please make a note on registration form concerning this matter.

Uniforms:

(T-Shirts) Youth: YS (6-8) YM (10-12) YL (14-16)

Adult: AS AM AL AXL

(Soccer Socks) YTH. (fits 12-3) INT. (fits 4-7) AD. (fits 8-13)

If not available on certain nights for practice, please state: M T W T F

GCPR will make every effort to avoid placing your child on a team that practices on days that you've identified as being unavailable, however, we can not always guarantee we'll have a certain night available for team placement.

The Greene County Department of Parks and Recreation does not provide medical coverage for individual participants. All medical insurance protection must be provided by the parents or participants. In the event of an emergency, I hereby give my consent for the program supervisor or the Parks and Recreation Department to administer first-aid or seek medical attention for my child. I will not hold Department Personnel, Instructors, School personnel, Volunteers, or the County of Greene responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risk involved with this activity and know that my child is/I am physically able to participate in this program.

Does child have any allergies to food or medication? _____

Is your child currently taking any medications? _____

Does your child have any medical condition that may prevent him/her from participating in physical activities? _____

Name & Telephone # of child's physician: _____

Parent/Guardian Signature _____

**If your child becomes ill or injured, you will be notified immediately. You must make arrangements to have your child picked up immediately.*

***Parents, by signing this registration form you agree to abide by and follow all terms of the Greene County Parks and Recreation's "Code of Ethics."*

****Teams are randomly selected according to age and gender. The size of the team will depend on the number of coaches per division.*

*****No special coaching request will be taken, unless the children are siblings or in the same household. No Exceptions!*

FALL SOCCER REGISTRATION DEADLINE IS
AUGUST 1, 2010

Please return this registration to:

GCPR

P.O. Box 358

Stanardsville, VA 22973

Or In Person To:

Greene County Parks and Recreation

40 Celt Road (County Administration Building) Room 224

Stanardsville, VA 22973