

Fall Soccer 2017

Registration will be held at the Lincolnnton Recreation Pool at Betty G. Ross Park on Saturdays, August 5, 12, 19, & 26 from 10am – 5pm and Sunday, August 6, 13, 20, & 27 from 1pm – 5pm.

Registration will also be taken Monday – Friday from 9:00am – 5:00pm at the Lentz Recreation Center at Betty G. Ross Park.

If this is the player's first time playing in the recreation league (No evaluation for 4 & 5 year olds), they will need to participate in one of three player evaluation sessions to be held on Monday & Tuesday, August 28 and 29, & Tuesday, September 5th. The evaluation times will run in 45 minute sessions and will be from 6:00 – 8:15. Please schedule the day and time you would like to bring your child to be evaluated when you are registering. (No u6 evaluations)

*****Important*** We are no longer honoring coaching, player's being on the same team, or transportation preferences or request. The only drafting request that will be allowed is for siblings to be drafted together, if they are playing in the same age division.** A player's draft will be held on a date to be announced, and the players will be notified by phone from their respective coaches. Dates and times of practice will be discussed then.

All participants must be signed up and paid for by Tuesday, September 5th.

*** Please list any day(s) and/or time(s) that your child cannot practice on. Please list this information in the space provided on your child's registration form.**

***WANTED:** COACHES AND ASST. COACHES. I am willing to help with practices and help any coaches organize strategies for the games. All that is needed from you as a coach is a commitment to the kids practices and games and lots of positive energy.

TEAM MOMS (OR PARENTS) ARE NEEDED. The role of team mom (or parents) is to provide snacks and a jug or cooler of water or drinks for team practices and games. This role can also be alternated from week-to-week and from mom- to- mom or parents-to-parents.

Cost: \$35 per child (City of Lincolnnton Residents Only); \$50 per child (Non-City Residents).

This cost covers the team shirts, socks, shorts.

Age groups: 4-15 years old. (Players born between 8/1/01 – 7/31/13.)

Season: September through November. Game dates and times: To be announced

Lincolnton Recreation Soccer is set up to provide all children a fun and positive soccer experience without the pressures to win and excel as an individual. We try to provide the opportunity for the children to learn teamwork and the fundamentals of the game of soccer.

All children will play at least half of each game when possible. If you have any questions or concerns, please call Jared Barkley at 735-2671.

FOR OFFICE USE ONLY

FEE: _____ DATE: _____
CASH: _____ CARD: _____ CHECK: _____

CHECK EVALUATION DAY: ___ Aug. 28th ___ Aug. 29th ___ Sept. 5th

CHECK EVALUATION TIME: ___ 6:00pm – 6:45pm
___ 6:45pm – 7:30pm
___ 7:30pm – 8:15pm

**CITY OF LINCOLNTON PARKS & RECREATION
FALL YOUTH SOCCER REGISTRATION FORM**

Participant's Name: _____

Address: _____

Male Female Date of Birth: ____/____/____ Age: _____

Parent's / Guardian's Name: _____

Please list phone numbers in order of preference, then indicate whether the phone numbers may be contacted using voicemail and/or text by checking the applicable box(es)

Phone #1: (____) _____ - _____ Voicemail Text

Phone #2: (____) _____ - _____ Voicemail Text

Phone #3: (____) _____ - _____ Voicemail Text

Email Address: _____

Please circle participant's **SHIRT** size: YS YM YL
 AS AM AL AXL AXXL

Please circle participant's **SHORT** size: YS YM YL
 AS AM AL AXL AXXL

Please list any night(s) and/or time(s) that your child cannot practice: _____

***Please circle if you are willing to coach:** YES NO

Please list any medical condition(s) or other information we should be aware of:

(EXAMPLE: ALLERGIC TO BEES, FOOD ALLERGIES, CHRONIC NOSE BLEEDS, ETC.)

PARENT RELEASE:

This is to certify that _____ has our consent and permission to take part in the fall youth soccer league sponsored by the City of Lincolnnton Parks and Recreation Department. We hereby waive and release any and all rights and claims for damages and injuries he/she may receive while taking part in the program. I also grant and authorize the City of Lincolnnton Parks and Recreation Department the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of the City of Lincolnnton Parks and Recreation Department and will not be returned.

Date: _____

Signature: _____

Lincolnton Recreation Fall Youth Soccer League

PARENT'S PLEDGE

I hereby pledge to provide positive support and encouragement for my child participating in youth sports by following this PARENT'S PLEDGE. I further agree to and understand my duties as a parent.

1. I will encourage good sportsmanship by demonstrating positive support for all players, parents, coaches, spectators, and officials at every game and practice.
2. I will place the physical, mental, and emotional well being of my child ahead of any personal motivation.
3. I will encourage and support all coaches, officials, and administrators in working with my child.
4. I will ensure that my child participates with the intentions of having fun, learning, and interacting positively with teammates, coaches, and officials.
5. I will support officials and league administrators in order to encourage a positive and enjoyable experience for my child as well as others.
6. I will encourage a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at Lincolnton Recreation Spring Youth Soccer League activities.
7. I will remember that the game is for the children, not for the adults.
8. I will do my very best to make youth sports fun for my child as well as others.
9. I will ask my child to treat other players, coaches, fans, and officials with respect, regardless of any other factors.
10. I will take every opportunity to teach, train, and develop my child as it relates to the sport, sportsmanship, and teamwork.
11. I will never take the fun out of the game by over-emphasizing winning.
12. I will always use positive reinforcement to motivate my child to participate in a fun-filled environment and will never attempt to do so by use of intimidation.
13. I will do my best to have my child available at the times designated by the coaches.
14. I will not let my child neglect school studies to participate in Lincolnton Recreation Spring Youth Soccer League activities.
15. This pledge, as signed, will apply to all family members or friends attending the game or practice. It is my responsibility to enforce these rules for them or I will leave the premises with my guests or associated parties at the request of a coach or Lincolnton Recreation Spring Youth Soccer League official.

Participant's Name

Parent's / Guardian's Signature

____/____/____
Date