



SPRING 2017 SOCCER REGISTRATION

Register online! We accept credit and debit cards at:

www.shenandoahcountysoccerleague.com

About the League: The primary purpose of the Shenandoah County Soccer League is to provide every child who wishes to play soccer, the opportunity to play while learning the fundamentals of the game in a safe environment, keeping in mind at all times the league motto: **“Soccer is about learning and having fun.”** The Shenandoah County Soccer League is an independent, county-wide, non-profit, non-governmental organization that relies on volunteer board members and coaches to achieve our mission.

Ages and Divisions Explained

Age is calculated as of **December 31st, 2016**. Players are placed on recreational teams as follows:

•U6 (2011 & 2012)	•U8 (2009 & 2010)	•U10 (2007 & 2008)
•U12 (2005 & 2006)	•U15 (2002 to 2004)	•U19 (8/1/1998 to 2001)

U6 teams play for one hour on Saturdays and may practice once during the week at the coach’s discretion. U8-U19 teams practice one or two evenings a week, and compete in games on Saturdays, and sometimes on Sunday afternoon. Each team typically plays 7-9 games per season on Soccer fields in Strasburg and Mt. Jackson. Practices are generally held in your town or selected playing area in the county.

What Players Need

Shin guards are required for both practice and games. Soccer cleats are recommended, but tennis shoes are fine. Baseball or Football cleats are not allowed. Bring a soccer ball and a drink to practices and games. **A complete uniform is required and is purchased separately at the time of registration.** The uniform consists of a Green Jersey/Green socks and White Jersey/Black socks. These uniforms can be used every season.

Registering Your Child

The fall season registration period is May 1 through July 10. A late fee of \$20 will apply to registrations postmarked between July 11 and July 25. No registrations will be accepted after July 25.

The spring season registration period is December 1 through February 10. A late fee of \$20 will apply to registrations postmarked between February 11 and February 25. No registrations will be accepted after February 25.

Important Information

Please note that depending on the number of players registered and coach availability, it may be necessary to place children from different parts of the county on the same team. Every effort will be made to keep children on a team that practices and plays in the appropriate school district. *Special requests are NOT guaranteed.*

1. **Complete the double sided registration form.**
2. **Enclose a copy of the player’s birth certificate (FOR NEW PLAYERS ONLY)**
3. **Mail form, fee and birth certificate to: SCSL, P.O. Box 765, Woodstock, VA 22664**

1. PLAYER/PARENT INFORMATION (One player per form.) Please PRINT.

Player’s First Name _____ Last Name _____ MI _____

Player’s Address _____

Player’s Phone _____ Primary Email _____

Player’s Gender (M/F) _____ Date of Birth _____ **Age as of December 31, 2016** _____

School District: _____
(choose one) Strasburg/Northern Woodstock/Central Mt. Jackson/Southern SVAE

Mother’s First Name _____ Last Name _____

Mother’s Phone Number _____ Email _____

Father’s First Name _____ Last Name _____

Father’s Phone Number _____ Email _____

Siblings names and ages also registered for soccer: _____

Name(s) _____
Relationship _____ Contact Phone _____

Other comments or special requests (considered, but not guaranteed) _____

2. VOLUNTEER

SCSL is a volunteer organization. Any participation on your part is greatly appreciated. We are always looking for help! If you would be interested in helping the organization or have any questions, please contact any SCSL board member.

I WILL: (circle) Coach Assistant-Coach Team Manager Board Member Fundraising

3. REGISTRATION/UNIFORM FEES FOR RECREATIONAL SOCCER****

- \$55 per child (U15 and U19) \$ _____
- \$50 per child (U10 and U12) \$ _____
- \$45 per child (U8) \$ _____
- \$30 per child (U6) \$ _____
- \$20 LATE FEE on registration postmarked after Feb.10th for spring & July 10th for fall. ... \$ _____
- \$25 Complete Set – Green & White Shirts and Green & Black Socks..... \$ _____
- \$10 Additional Youth or Adult Green Shirt..... \$ _____
- \$10 Additional Youth or Adult White Shirt..... \$ _____
- \$5 Additional Pair of Youth or Adult Green Socks..... \$ _____
- \$5 Additional Pair of Youth or Adult Black Socks..... \$ _____

If ordering any uniform items please choose sizes: (If in doubt, order up a size)

SHIRT SIZE (circle one): YS YM YL AS AM AL AXL

SOCK SIZE (circle one): Small (shoe 12-4) Medium (shoe 4-8) Large (shoe 8+)

In lieu of volunteering, I would like to make a tax deductible donation to SCSL.
(Circle donation amount) \$20 \$50 \$100 other amount: \$ _____ \$ _____

TOTAL (fee and contribution) \$ _____

**** The SCSL wants every child to have the opportunity to play. Partial/full scholarships are available depending on demonstrated need. Please contact the Registrar at shencosoccer@gmail.com if you feel you might be eligible for a scholarship.

CONSENT and RELEASE: In accordance with the rules of the SCSL, I give my consent and approval for the participation of the registrant in the sport of soccer. I know that participating in soccer is a potentially hazardous activity. I certify that the registrant is in good medical and physical condition. I understand that it is my responsibility to advise the coach of any important information regarding the registrant's health (asthma, allergies, etc.). I assume all risks associated with participation in soccer including, but not limited to, falls, contact with other participants, and the effects of weather (including high heat and/or humidity) all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I hereby release Shenandoah County Soccer League, any and all partners, sponsors, officials, volunteers, coaches or anyone associated with the league, or individuals and organizations providing facilities, equipment, or playing fields, from all claims or liabilities of any kind arising out of participation in this program, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver. As a parent or legal guardian of the registrant, I grant permission for emergency first aid to be given to my child in case of injury, including transportation and treatment at a qualified medical facility. In addition, I grant permission to all of the aforementioned to use any photographs, motion pictures, recordings, or any other record of the registrant for any legitimate purpose.

PARENT SIGNATURE _____ **DATE** _____
(REQUIRED)