



FALL 2024 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 a county-wide, non-governmental, independent 501(c)(3) non-profit organization that relies on volunteer board members and coaches to achieve our mission.

Ages and Divisions Explained

Players are placed on recreational teams as follows based on the player’s birth year:

•6U (2019 and 2020)	•8U (2017 & 2018)	•10U (2015 & 2016)
•12U (2013 & 2014)	•15U (2010 to 2012)	

6U teams play for one hour on Saturdays and may practice once during the week at the coach’s discretion. 8U-15U 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 Mount 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.

Registering Your Child

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 _____

New or Returning (choose one) Years of Experience _____

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 _____

Sibling names and ages also registered for soccer: _____

EMERGENCY CONTACT (other than parents)

Name(s) _____

Relationship _____ **Contact Phone** _____

Physical conditions of Participant which the staff should be aware _____

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

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

\$90 per child (15U	\$ _____
\$90 per child (10U and 12U)	\$ _____
\$70 per child (8U)	\$ _____
\$50 per child (6U)	\$ _____
\$20 LATE FEE on registration postmarked after Feb 10 th for spring & July 10 th for fall. ...	\$ _____

A complete uniform is required and is purchased separately from the registration fee. The uniform consists of a Green Jersey/Green socks and White Jersey/Black socks. These uniforms can be used every season.

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+)	
\$35 Complete Set – Green & White Shirts and Green & Black Socks.....	\$ _____
\$10 Additional Youth or Adult Green Shirt.....	\$ _____
\$10 Additional Youth or Adult White Shirt.....	\$ _____
\$10 Additional Pair of Youth or Adult Green Socks.....	\$ _____
\$ _____	
\$10 Additional Pair of Youth or Adult Black Socks.....	\$ _____

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** **Board Member** **Fundraising**

In lieu of volunteering, I would like to make a tax deductible donation to SCSL.

(Circle donation amount) \$20 \$35 \$50 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 registrar@shenandoahcountysoccerleague.com if you feel you might be eligible for a scholarship.**

PARENT'S CODE OF CONDUCT: I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this code of conduct: I will encourage good sportsmanship by supporting all players, coaches and referees during practices, games, or other sport events. I will remember that my role as a parent-spectator is to positively encourage my child, his/her team and the opposing team. I will place the emotional and physical well-being of my child ahead of any personal desire to win, remembering that children have more need of example than of criticism, and that the game is for children, not adults. I will insist that my child play in a safe and healthy environment. I will refrain from the use of tobacco, alcohol, and drugs at all youth sports events. I will refrain from the use of foul & profane language while present at youth sporting events. I will treat players, coaches, fans, and referees with respect, regardless of race, sex, creed or ability. I will remember that opponents are necessary; without them there is no game. I will assure that any guest spectators or children I bring to any practice, game, or sporting event will abide by this code of ethics. I will do my very best to remember and help my child to understand our league motto: 'SOCCER IS ABOUT LEARNING AND HAVING FUN!' PLEASE NOTE: Violation of the above Code of Conduct can result in denial of the offender from attending his/her child's games and practices; or denial of the offender and his/her children from participating in Shenandoah County Soccer League activities.

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 acknowledge that SCSL provided parents or guardians information on the nature and risk of concussions, criteria for removal and return to play, and risks of not reporting the injury and continuing to play. 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, possible exposure to and illness from communicable or infectious diseases including but not limited to influenza and COVID-19, 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.

V. IMPORTANT POLICY INFORMATION: *By signing below, the registrant, if adult, or the parent/guardian of the registrant, if a minor, attests that he/she has read the important policy information shown below. It is the intent of U.S. Youth Soccer to deny certification to any person who has been convicted of a crime of violence or of a crime against a person. In applying for a U.S. Youth Soccer position, the information which I have furnished as part of this registration is subject to verification, which will include a criminal history check. This disclosure statement must be updated every year. I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the VYSA, its affiliated organizations and sponsors. I understand that my position with VYSA or any of its members is contingent upon my truthful completion and VYSA's or any of its members review of this form. I authorize and understand that VYSA or any of its members will conduct a background check and may obtain a background report and that I may be requested to provide a set of fingerprints. I understand that I may be immediately discharged for any misrepresentation or material omission on this form. I understand that pending arrest or closed arrest is not an automatic bar to consideration of my application, but it is the intent of VYSA or any of its members to deny a position to any person who has been convicted of an offense that VYSA or a VYSA member determines disqualifies that person from providing services to VYSA or a VYSA member. I understand that VYSA or any of its members will take into account the nature of the offense, the date of the offense and the relationship between the offense and the position for which I am applying and any mitigating factors. The above information has been completed and is being submitted by the registrant, if adult, or the parent/guardian of the registrant, if a minor. All information provided above is true and correct to the best of my knowledge.

I acknowledge that VYSA and VYSA partners have the right to use data collected for marketing communications as allowed by VYSA By-Laws and/or VYSA Board directives

PARENT SIGNATURE(**REQUIRED**) _____ DATE _____
[LEAGUE USE ONLY: REC'D _____ B.C. _____ FEE _____ CHECK # _____ AGE GROUP _____