Rockingham County Fall 2010 Soccer Registration - 564-3160

REGISTRATION INFORMATION

1. **Enclose** bottom of this form and a $30 check (made out to R.C.R.D.) and mail to:
   R.C.R.D. – 20 East Gay St. / Harrisonburg, VA 22802
   (ENVELOPE **MUST** BE POSTMARKED BY **8/27/2010**. If received after date child will go on waiting list)
2. **Stop** by Recreation Office to register-8am-5pm / Monday-Friday

SOCCER INFORMATION

- Cost: $30.00 per child (Fee includes T-shirt)
- Game schedule: One week day and Saturdays.
- Shin guards are required, NO Jewelry allowed.
- Teams are broken down by grades: (1^{st} - 2^{nd}) (3^{rd} - 4^{th}) (5^{th} - 6^{th}) (7^{th} - 8^{th}) (9^{th} – 12^{th})
- Grades 1^{st} thru 6^{th} normally stay in area during season but 7^{th} – 12^{th} will travel.
- PLEASE NOTE: There will be NO CARPOOLING OR COACHING REQUESTS accepted.
- **DEADLINE FOR SIGN-UPS IS AUGUST 30, 2010**- AFTER THAT DATE CHILD WILL BE ON A WAITING LIST

TEAM ASSIGNMENT INFORMATION

(ALL PLAYERS AND COACHES should attend meeting, get practice schedules, meet coaches and teammates)

Area	Date	Grades /Time	Grades /Time	Grades / Time	Location
Bridgewater / Dayton	Wed. Sept. 8	1^{st}/2^{nd} 6:15 pm	3^{rd}/4^{th} 6:45 pm	5^{th} – 12^{th} 7:15 pm	@ Mt. View Elem. Gym
Montevideo /Elkton	Thur. Sept. 9	1^{st}/2^{nd} 6:15 pm	3^{rd}/4^{th} 6:45 pm	5^{th} – 12^{th} 7:15 pm	@ Cub Run Elem.
Broadway / Timberville	Thur. Sept. 9	1^{st}/2^{nd} 6:15 pm	3^{rd}/4^{th} 6:45 pm	5^{th} – 12^{th} 7:15 pm	@ John C. Myers Elem.

If you have not received any information from your coach by September 13^{th} contact the Rec. Dept. 564-3160

PLEASE KEEP TOP OF THIS FORM FOR YOUR INFORMATION

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Print Child Name: _____ **Phone: (HM)**_____ **(cell)** _____

Address: _____ **E-mail:**_____

Name of School Child Attends:_____ **Male:** _____ **Female:** _____ **Age:**_____

Grade: _____ **[__] Yes I want my child to play up in the next grade level (child may play up one grade level but not down)**

(Sign)_____ **(Print)**_____
Parent, Custodian or Legal Guardian Name — Parent, Custodian or Legal Guardian Name

T-SHIRT SIZE:

YM (10-12) [_] **YL** (14-16) [_] -- **AS** [_] **AM** [_] **AL** [_] **AXL** [_]

*****Please indicate the area in which you will be playing*****

[__] Bridgewater / Dayton area **[__] Montevideo /Elkton area** **[__] Broadway / Timberville area**

***** COACHES NEEDED ***** ***** COACHES NEEDED *****

***To assure each child has an opportunity to play on a team, we will need coaches, assistants and referees. If not enough coaches sign-up we will have to put more children per team which would mean less playing time per child.**

Please fill in the bottom if you are willing to ☐ coach or ☐ assist

Name: _____ Telephone: _____

Email:_____ Area _____ Grades _____

** Anyone who signs up to coach or assist please plan on helping out and also attend team assignments to get your necessary information.

THANK YOU FOR VOLUNTEERING!!