

Fredericksburg Parks & Recreation and Events

**Spring 2020**  
**“QUICK STICKS”**  
**FIELD HOCKEY**  
**Ages: 7-15**

Registration: Monday, Jan 6th (City)  
Monday, Jan 13th (Non-City)

Registration opening date is dependent on the zip code of your physical home address. Those in 22401 are considered City Residents; all those with a zip code not 22401 are considered Non-City Residents.

**Practices: Begin March 16th**

Participants will practice twice a week. Parents have the option to choose a Mondays & Wednesday or Tuesdays & Thursdays preference. We cannot guarantee this preference, but will try to accommodate the nights selected.

Games are tentatively scheduled March– May

***\*Makeup or playoff games can be played on Fridays and Sundays if need be\****

**Locations:**

All games and practices will be held at Dixon Park located off Route 2/ Dixon Street

**Parents and Coaches Information**

Parents Meeting: Thurs., March 5th at 6:00 p.m. at DHCC  
Coaches Meeting: Thurs., March 5th at 7:00 p.m. at DHCC

Fees: City Residents: \$30 (Zip code must be 22401)

Non-City Residents: \$60

Registration closes Friday, Feb. 21<sup>th</sup>

\$10 late registration fee after Friday, Feb. 21<sup>th</sup>

***For more information, please call Jillian Franklin at (540) 372-1086, ext. 208.***



**Youth Field Hockey Registration Form  
Spring 2020**

*\*Please write legibly\**

Rookie (7-9 yrs) <input type="checkbox"/>	Junior (10-12 yrs) <input type="checkbox"/>	Senior (13-15 yrs) <input type="checkbox"/>	Age: _____ (as of 5/15/2020)
Child's First and Last Name _____		<b>Child's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address _____			
City and Zip _____		<b>Practice Preference</b> <input type="checkbox"/> M/W <input type="checkbox"/> T/Th <input type="checkbox"/> No Pref <b>No Time Requests</b>	
Home Phone or Cell Phone _____			
Child's Date of Birth _____			
Parent/Guardian Name _____		<b>T-shirt Size</b> <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL	
Parent/Guardian Work Phone or Cell Phone _____			
Parent/Guardian E-Mail <b>**Used for updates and notifications**</b> _____			
Emergency Contact Name <b>(Person other than parent/guardian who can be immediately contacted)</b> _____			
Emergency Contact Number _____			
<b>*Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, specific practice times, etc.*</b>			
Do you have any brothers/sisters playing? If so, what division are they in? _____			
ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below: _____			
<b>*By signing this form, I agree to the terms of the City's liability waiver, which can be found at  <a href="http://fredericksburgva.gov/index.aspx?nid=1107">http://fredericksburgva.gov/index.aspx?nid=1107</a> or in hard-copy from the Parks and Recreation Department.*</b>			
Parent/Guardian Signature & Date _____			
<b>For Office Use Only</b>	<b>Date:</b> _____		<b>Amount Received:</b> _____
D.O.B.: _____		Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List	Staff Initials: _____
Age Waiver: _____		Fee Waiver: _____	

## Volunteer to Coach!

No experience is required, just a desire to have fun and help kids learn the fundamentals!

Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ n/a \_\_\_\_\_ Phone: \_\_\_\_\_  
(C)

Age Divisions: Rookie Junior Senior  
(7-9 yrs) (10-11 yrs) (12-15 yrs)

E-mail: \_\_\_\_\_

Practice Day Preference: Mon. & Wed. Tue. & Thurs. Shirt Size: AS AM AL AXL

I want to coach with: \_\_\_\_\_ (List ONE person) I want to be: Head Coach Assistant Coach

## Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Fredericksburg Parks, Recreation, & Public Facilities** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **Fredericksburg Parks, Recreation, & Public Facilities** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Fredericksburg Parks, Recreation, & Public Facilities** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_