

**Fredericksburg Parks & Recreation**

**SPRING 2020**

**Tot Soccer**

Ages 4 - 5 years

**When:** Saturdays beginning  
March 28<sup>th</sup> through May 2<sup>nd</sup>  
No Session Saturday April 11<sup>th</sup>  
Session I: 9:00 a.m. – 10:00 a.m.  
Session II: 10:00 a.m. – 11:00 a.m.

**Where:** Dixon Park  
The program is held at Dixon Park located off Rt. 2 or  
Dixon Street. Field location is TBD.

**About:** A fun introduction to soccer  
This program is our basic introduction to soccer for kids ages 4 and 5  
years old. We utilize a small participant to instructor ratio to ensure that  
each child receives the proper instruction and attention they need. Skills  
are taught around fun, interactive games and are designed to keep each  
child engaged!

**Registration:**  
City Residents begins Jan. 6<sup>th</sup>  
Non-City Residents begins Jan. 13<sup>th</sup>  
**Registration ends March 13<sup>th</sup>**  
**\$10 Late Fee after March 13<sup>th</sup>**

**Fee:**  
City Residents - \$25  
Non-City Residents - \$50

**What to bring:**  
A size 3 soccer ball  
Water or Sports Drink

**What to wear:**  
Sports Shorts  
Sneakers or Soccer cleats  
Shin Guards  
Soccer Socks

**For information, call Front Desk at (540) 372-1086.**



## Starter Soccer Registration Form Spring 2020

*\*Please write legibly*

Session I Time-9:00-10:00 <input type="checkbox"/>	Session II Time-10:00-11:00 <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 _____		
Home Phone or Cell Phone _____	Child's Date of Birth _____	
Parent/Guardian Name _____		
Parent/Guardian Work Phone or Cell Phone _____		
Parent/Guardian E-Mail _____ <b>**Email Address is required. Email is the primary method of communication.**</b>		<b>T-shirt Size</b> <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
Emergency Contact Name (Person other than parent/guardian who can be immediately contacted) _____		
Emergency Contact Number _____		
<p><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></p> <p>Do you have any brothers/sisters playing? If so, what division are they in? _____</p> <p>ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below: _____</p> <p><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></p>		
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: _____		

