Fairfax County Department of Community and Recreation Services, Athletic Services Division 12011 Government Center Parkway, Suite 1050, Fairfax, VA 22035 703-324-5649, TTY 711 www.fairfaxcounty.gov/rec

YOUTH SPORTS SCHOLARSHIP PROGRAM APPLICATION

Parents: Complete this form and submit it to LMVSC. Submit one application per child each season.

Sports Organizations: Submit this form to CRS by the season due date.

Name of Aid or Service Program:

Child's Name:		Parent/Guardian's Nan	ne:				
Age:		Address:					
Gender:							
Date of Birth:		Daytime Phone:					
School:		Evening or Cell Phone	:				
Grade:		E-Mail Address:					
What sport is your child Soccer Softball	Football	ease circle choice (one spo	Baseball	Cheerleading			
	Basketball	Volleyball	Track	Other_			
With which sports organi	ization/league/club is you	r child registered to play?	Lee-Mount Vernon So	ccer Club			
For which season is you	r child registered to play?	Please circle one choice.	Spring Summer	Fall Winter			
Which type of assistance	are you requesting? Plea	ase circle one choice.	Registration Fee Waiver	Equipment Voucher			
or Reduced Lunch, ADC, F Program and give my perm I must submit proof that I a VIRGINIA FREEDOM OF be released under the Virg I grant DCRS permission	Foster Care, or Medicaid. In insign for the Department of the receiving services.	request a fee waiver or equi of Family Services to release erstand that my child's regis of Act unless I specifically req tration information.	pment voucher for the You information verifying my stration information is pub	eligibility. I understand that lic record and, as such, may			
Signature of Parent/Guar	dian		Date:				
		ignifying that the child is r npleted and signed by a so					
l verify this applicant is re	eceiving aid as specified a	bove.					
Name of Official Verifying	Aid:						
Signaturo:							

Phone:

Case #:

Revised March 2009

Spring 2011 LMVSC Registration



LEE MOUNT VERNON
SPORTS CLUB
www.lmvsc.org
703-799-1112



Important Dates:

Please make a note... you will not hear from your child's coach until after the scheduled coach's meeting.

February 21 Registration deadline. Late fee applies for players registering after this date and applicants may

be placed on a waiting list.

Coaches' meetings. Coaches will contact their players after their meeting. February 7,8,9

First game! April 2 April 9 Picture Day

Teams are formed on first-come, first-served basis, so please register early!

Fees:

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The registration fee is \$60 for pre-kindergarten and kindergarten, \$70 for 1st grade—8th grade, and \$75 for high school, with a family maximum of \$140 plus \$5.50 for each player. Scholarships are available on request to players who qualify for free or reduced-price school lunches. No one will be turned away due to financial need.

THERE WILL BE NO REFUNDS UNLESS YOUR CHILD COULD NOT BE PLACED ON A TEAM OR AFTER THE FIRST GAME.

LMVSC Team Divisions:

Mini Kickers (U-4)

Players MUST be four as of the first scheduled session (see above). Mini Kickers will meet Saturday mornings. The Mini Kickers program is a developmental program for players 4 years of age. The program introduces 4 year olds to soccer related fundamental skills, which takes into consideration specific motor skill development in a non-competitive environment.

Kindergarten players MUST be five as of the first scheduled game (see above). Teams are limited to eight players and are coed (both girls and boys on a team); play six games, and have one practice and one game each per week. The E Division format is 4 v 4 without a goal keeper.

Note: D Division and older teams are NOT coed.

D Division 1st Graders (D1):

1st grade teams will have 10 players; play seven games; and have one practice and one game each a week. The D Division 1st graders format is **5 v 5** without a goal keeper.

D Division 2nd Graders (D2):

2nd grade teams will have 10 players; play seven games; and have one practice and one game each per week. The D Division 2nd graders format is **6 v 6** with a goal keeper.

3rd/4th grade teams are limited to 12 players; play eight games, 8 v 8; and have two practices per week.

B Divisions:

5th/6th grade teams are limited to 16 players; play eight games, 11 v 11; and have two practices per week.

7th 8th grade teams are limited to 18 players: play eight games, **11 v 11**; and have two practices per week.

AA and AAA Divisions:

High school players play nine games at various locations in the area through the Suburban Friendship League.

Practice Fields: Coaches are assigned practice fields and days either during the Coaches Meeting or immediately afterwards. For that reason, we cannot accommodate special requests for practice days or locations.



Player Information						
First Name	Las	t Name				
Address			City		State	Zip
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Phone Number	E-Mail Ad	Idress	 		the season. Plea	are sent throughout se use parent e-mail
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Sex (check one):	Male Female	ров		Age	Grade in Scho	ol (2010-2011)
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Private or Public School	Your Child Attends (if diff	ferent)				
Soccer Experience	ls vour ch	nild plaving on	a select or trav	vel soccer te	eam now?	
No. of Seasons)	lo your or	a p.a.yg o	□ N			
pecial Requests (Limit	: 3) (teammates, schoo	Imates, coac	h) (See back f	or informat	ion on practice f	ields and days.)
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Your child cannot play if this form is not signed!

