

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.

Child's Name:	Parent/Guardian's Name:
Age:	Address:
Gender:	
Date of Birth:	Daytime Phone:
School:	Evening or Cell Phone:
Grade:	E-Mail Address:

What sport is your child interested in playing? Please circle choice (one sport per season).

Soccer	Football	Lacrosse	Baseball	Cheerleading
Softball	Basketball	Volleyball	Track	Other

With which sports organization/league/club is your child registered to play? Lee-Mount Vernon Soccer Club

For which season is your child registered to play? Please circle one choice. Spring Summer Fall Winter

Which type of assistance are you requesting? Please circle one choice. Registration Fee Waiver Equipment Voucher

CONSENT TO EXCHANGE INFORMATION I understand that information may be needed to verify eligibility for this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child's information. I certify that the information supplied is true and correct and that DCRS staff have my permission to verify the information on this application. I understand that my child's participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games.

REQUEST FOR FEE WAIVER or EQUIPMENT VOUCHER My child is currently enrolled in a public assistance program such as Free or Reduced Lunch, ADC, Foster Care, or Medicaid. I request a fee waiver or equipment voucher for the Youth Sports Scholarship Program and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that I must submit proof that I am receiving services.

VIRGINIA FREEDOM OF INFORMATION ACT I understand that my child's registration information is public record and, as such, may be released under the Virginia Freedom of Information Act unless I specifically request that this information not be released; therefore:
☐ I grant DCRS permission to release my child's registration information.
☐ I do not grant DCRS permission to release my child's registration information.

Signature of Parent/Guardian _____ Date: _____

A non-returnable copy of official documentation signifying that the child is receiving aid must be attached. If documentation is not available, the following section must be completed and signed by a school counselor or staff, case worker, or other official.

I verify this applicant is receiving aid as specified above.

Name of Official Verifying Aid: _____

Signature: _____

Position: _____ Phone: _____

Name of Aid or Service Program: _____ Case #: _____

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.
February 7,8,9	Coaches’ meetings. Coaches will contact their players after their meeting.
April 2	First game!
April 9	Picture Day

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

Fees:

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.

E Division: Kindergarten

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.

C Division:

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.

A Divisions:

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.

LMVSC REGISTRATION FORM – Spring 2011

Player Information

First Name		Last Name		
Address		City	State	Zip
Phone Number		E-Mail Address		Important notices are sent throughout the season. Please use parent e-mail address that is checked regularly.
Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB	Age	
Local Public School				
Private or Public School Your Child Attends (if different)				
Soccer Experience (No. of Seasons)		Is your child playing on a select or travel soccer team now? <input type="checkbox"/> Y <input type="checkbox"/> N		

Emergency Information

Emergency Contact: Parent/Guardian First and Last Name (please print clearly)	Phone Number
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Special Requests (Limit 3) (teammates, schoolmates, coach) (See back for information on practice fields and days.)

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Note: Special requests cannot be guaranteed, even if registering before the deadline. Assignments are made on a first-come, first-served basis **after** payment has been received! Please list requests in the order you want them and be specific.

Payment and Mailing Information (See back for important information regarding refunds.)

Fees: Mini-Kickers/Kindergarten - \$60 1st grade – 8th grade - \$70 High School - \$75 Family maximum fee = \$140 plus \$5.50 per player (County Fee). A \$15 donation is requested for those who do not offer volunteer time to the League. After August 23, add a late fee of \$10.	
Payment/Method: Fee: _____ County Fee: <u>5.50</u> Donation: _____ Late Fee (after 08/23): _____ Total: _____	
Cash: _____ or Check No.: _____ or Scholarship (Form Required): _____	

Scholarships: Available on request to all players who qualify for reduced-price school lunches. In order to qualify for a scholarship, you must return a signed scholarship form with your child’s soccer registration.

Mail with check made payable to: LMVSC, P.O. Box 10202, Alexandria, VA 22310

Volunteer Opportunities

We rely on your help. Please check as many of these options as possible, or if you are unable to give of your time, please donate to the league. If you volunteer, please expect a call. **Please note: F Division does not need volunteer coaches.**

<input type="checkbox"/>	Coach* (K-12 only)	<input type="checkbox"/>	Assistant Coach* (K-12 only)	<input type="checkbox"/>	Division Player Director (forms teams; coach liaison)
<input type="checkbox"/>	Field Set up (for 2 nd –12 th Grade only)			<input type="checkbox"/>	Division Uniform Coordinator (inventories, assembles, and distributes uniform sets)

* Only kindergarten teams and older need coaches. A coach who has a child participating on a Travel Team in another club is prohibited from coaching or assistant coaching for a LMVSC recreational team within that child’s age group.

Medical Release and Uniform Non-Return Fee

I hereby give my full permission for my child to play soccer and absolve the Lee-Mt. Vernon Soccer Club (LMVSC), its officials and coaches of any liability for injuries to my child arising out of soccer games or practices, including activities necessary or incidental thereto, sanctioned by LMVSC. In the event of injury and my absence, I authorize the person in charge of my child’s team to seek medical care for which I will pay. I understand that the LMVSC does not provide accident or liability insurance for any participant. I agree to abide by LMVSC league rules and policies and always to display good sportsmanship, required of players, coaches and parents at all times. I also hereby agree to return my child’s uniform or pay a non-return fee of \$40.00 at the end or the season. I understand if I fail to return the issued uniform or pay the fee, my child will not be placed on a team in the future.
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Medical Conditions (allergies, etc.) or N/A

Signature of Parent of Guardian

Your child cannot play if this form is not signed!