

FALL YOUTH SOCCER

BRUNSWICK COUNTY PARKS & RECREATION

DIVISIONS

LIL' KICKS – PRE-K & KINDERGARTEN

(COED LEAGUE FOR BOYS & GIRLS
Must be 4 on or before AUGUST 9th, 2024)

ROOKIES – 1ST & 2ND GRADE

(COED LEAGUE FOR BOYS & GIRLS)

J. V. GIRLS-3RD & 4TH GRADE GIRLS

(Coed if not enough girls registered)

J. V. BOYS – 3RD & 4TH GRADE BOYS

VARSITY GIRLS – 5TH & 6TH GRADE GIRLS

(Coed if not enough girls registered)

VARSITY BOYS – 5TH & 6TH GRADE BOYS

JR. HIGH GIRLS – 7TH & 8TH GRADE GIRLS

(Coed if not enough girls registered)

JR. HIGH BOYS – 7TH & 8TH GRADE BOYS

(IF NUMBERS DO NOT ALLOW FOR A JR. HIGH DIVISION,
PARTICIPANTS WILL BE REFUNDED)

VOLUNTEER COACHES NEEDED for TEAMS

*****Coaches are our **MOST** Important Asset*****

!!!!!!NEED VOLUNTEER COACHES FOR LEAGUE!!!!!!

***** Register to Coach TODAY! *****

RECREATIONAL SOCCER PLAY

*****1 NIGHT A WEEK PRACTICES*****

*****GAME JERSEY** for EACH PARTICIPANT***

GAMES PLAYED ON SATURDAYS in SEPT. & OCT.

****PARTICIPATION MEDAL** for EACH PARTICIPANT**

*******PARKS*******

**NORTHWEST / TOWN CREEK / SMITHVILLE /
SHALLOTTE / OCEAN ISLE BEACH**

LEAGUE CONTACT

DANIEL RABON @ 910.253.2670 or
daniel.rabon@brunswickcountync.gov

WEBSITE:

<http://bcparks.recdesk.com/recdeskportal/>

VOLUNTEERS:

Parents who apply to coach a team, are
cleared, and assigned a team, will have their
registration refunded.

Email Daniel if Interested.



2025 BRUNSWICK COUNTY FALL YOUTH SOCCER

*******MANDATORY SKILLS ANALYSIS*******

[AUGUST 9, 2024]

CENTRAL & WEST PLAYERS @ OCEAN ISLE BEACH PARK

SOUTH PLAYERS @ SMITHVILLE PARK

NORTH PLAYERS @ NORTHWEST PARK

BEGINNERS: NO SKILLS ANALYSIS (Pre-K & K)

ROOKIES: 9:00AM-10:00AM @ YOUR HOME PARK

JV: 10:00AM-11:00AM @ YOUR HOME PARK

VARSITY & JR. HIGH: 11:00AM-12:00PM @ YOUR HOME PARK

REGISTER

APRIL 1ST thru AUGUST 9th @ 11:59 PM

8:30 a.m. till 5:00 p.m.

Monday – Friday

Building G

@ the Government Complex

REGISTER ONLINE | QR Code to REGISTER

<https://bcparks.recdesk.com/Community/Program>



SCAN QR Code to REGISTER ONLINE

REGISTRATION FEE of \$45.00

PLEASE PRINT or TYPE NEATLY – YOU CAN REGISTER ONLINE @
<https://bcparks.recdesk.com/Community/Program>



ATHLETIC REGISTRATION FORM
BOYS & GIRLS YOUTH SOCCER
Brunswick County Parks & Recreation Department

NAME: _____
(LAST) (FIRST) (MIDDLE)

MALE ☐ FEMALE ☐ BIRTHDATE: _____ / _____ / _____ AGE: _____
(PLEASE CHECK APPROPRIATE BOX) (MONTH) (DAY) (YEAR)

GRADE: Pre-K ☐ KINDERGARTEN ☐ 1ST GRADE ☐ 2ND GRADE ☐ 3RD GRADE ☐ 4TH GRADE ☐ 5TH GRADE ☐ 6TH GRADE ☐ 7TH GRADE ☐ 8TH GRADE ☐

(PLEASE CHECK BOX TO THE RIGHT SIDE OF GRADE THAT THE PARTICIPANT IS IN – PLAYERS MUST BE 4 on or BEFORE AUGUST 10, 2024)

PHYSICAL ADDRESS: _____
(STREET / P.O. BOX) (CITY)

HOME PHONE: _____ EMAIL: _____

MOTHER'S CELL: _____ DAD'S CELL: _____

SCHOOL ATTENDING: _____

ANY PHYSICAL LIMITATIONS: _____

***** JERSEY SIZE (Please Check One) *****

YOUTH SMALL ☐ YOUTH MEDIUM ☐ YOUTH LARGE ☐ ADULT SMALL ☐ ADULT MEDIUM ☐ ADULT LARGE ☐ ADULT X-LARGE ☐

LOCATION INFORMATION:

WILL BE PLAYING FOR: NORTH ☐ 1ST YEAR PLAYER ☐ RETURNING PLAYER ☐
SOUTH ☐ WEST ☐

NORTH IS ANY PARTICIPANT WHO WILL ATTEND N.B.H.S. AND LIVES IN THE LELAND, BELVILLE & NAVASSA AREA.

SOUTH IS ANY PARTICIPANT WHO WILL ATTEND S.B.H.S. AND LIVES IN THE SOUTHPORT-OAK ISLAND, B.S.L, WINNABOW & TOWN CREEK AREA.

WEST IS ANY PARTICIPANT WHO WILL ATTEND W.B.H.S. AND LIVES IN THE SUPPLY, HOLDEN BEACH, CEDAR GROVE, SHALLLOTTE, O.I.B., WACCAMAW, CALABASH and SUNSET BEACH AREAS.

COMMENTS ON LOCATION PLACEMENT: _____

PARENTAL CONSENT: PLEASE READ & SIGN: APPLICATION MUST BE SIGNED BY AT LEAST ONE PARENT/GUARDIAN FOR PARTICIPANT TO BE ELIGIBLE.
BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above-named candidate for a position on any of the BCYSL Youth Soccer teams, hereby give MY/OUR approval to his/her participation in any and all BCYSL Youth Soccer activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, BCYSL Youth Soccer League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the BCYSL Rules of Conduct.

YOUR CHILD **MUST** PLAY FOR A TEAM IN THE DISTRICT IN WHICH YOUR PHYSICAL ADDRESS FALLS. IF THERE IS NOT A TEAM FROM THAT DISTRICT, HE/SHE WILL BE ABLE TO PLAY FOR THE TEAM IN THE NEXT CLOSEST DISTRICT.

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT. **(PLAYERS MAY KEEP SOCCER JERSEY)**

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/ physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote the BCYSL.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: DANIEL RABON ~ P.O. BOX 249 ~ BOLIVIA, NC 28422

FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED WITH /FEE PAID & RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.)

I/WE have read the above and agree and understand the policies set forth above.

PARENT OR GUARDIAN SIGNATURE _____

PARENT D.O.B. _____

DATE _____

[PLEASE PRINT]

MAIL TO: BCP&R / ATTN: DANIEL RABON / P.O. BOX 249 / BOLIVIA, NC 28422 FAX: 910-253-2684

FOR OFFICE USE ONLY

Fee: \$45.00

Cash: _____

Check: _____

Check #: _____

Date: _____

Receipt: _____