

# 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 1<sup>ST</sup>, 2026)

#### ROOKIES – 1ST & 2ND GRADE

(COED LEAGUE FOR BOYS & GIRLS)

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

(Varsity Girls if not enough girls registered)

#### J. V. BOYS – 3RD & 4TH GRADE BOYS

#### VARSITY GIRLS – 5TH & 6TH GRADE GIRLS

(3<sup>rd</sup> – 5<sup>th</sup> Grade 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,  
& END 1<sup>ST</sup> WEEK OF NOVEMBER

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

\*\*\*\*\*PARKS\*\*\*\*\*

**NORTHWEST / SMITHVILLE / OCEAN ISLE BEACH**

### LEAGUE CONTACT

DANIEL RABON @ 910.253.2670 or  
[daniel.rabon@brunswickcountync.gov](mailto: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.**



## 2026 BRUNSWICK COUNTY FALL YOUTH SOCCER

\*\*\*\*\* **SKILLS ANALYSIS**\*\*\*\*\*

[AUGUST 1, 2026]

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**

**SIBLINGS WELCOMED TO DO SKILLS AT SAME TIME**

### REGISTER

MAY 1<sup>ST</sup> thru AUGUST 1<sup>ST</sup> @ 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 \$55.00**

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  1<sup>ST</sup> GRADE  2<sup>ND</sup> GRADE  3<sup>RD</sup> GRADE  4<sup>TH</sup> GRADE  5<sup>TH</sup> GRADE  6<sup>TH</sup> GRADE  7<sup>TH</sup> GRADE  8<sup>TH</sup> GRADE

**(PLEASE CHECK BOX TO THE RIGHT SIDE OF GRADE THAT THE PARTICIPANT IS IN – PLAYERS MUST BE 4 on or BEFORE AUGUST 1, 2026)**

**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  SOUTH  WEST  1<sup>ST</sup> YEAR PLAYER  RETURNING PLAYER

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, SHALLOTTE, 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: \$55.00 Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Receipt: \_\_\_\_\_