



## **Grades 2-5 SOCCER – Spring 2020**

**Forms Due: Friday, March 20, 2020**

**Practice Begins: Friday, March 27, 2020**

**First Game: TBD**

The soccer season is fast approaching. All soccer forms are due by Friday, March 20, and the first practice will be on **Friday, March 27, 2019**. If your child's forms are not turned in, he/she will not be allowed to practice. As in the past, our focus is centered on learning teamwork and soccer skills, encouraging full participation, and having FUN! Winning is nice, too, but is not our primary goal. Information on this season's program is provided as follows:

### **Important Information – PLEASE READ CAREFULLY!**

- Our soccer coach at Riverside is our PE Teacher, Cam Childress. Cam can be reached at the Riverside School number: 320-3465; his email is [cchildress@riversideschool.org](mailto:cchildress@riversideschool.org).
- Practice for all players will begin **Friday, March 27, from 2:15-3:30 PM at St. Michael's School's upper field** behind Riverside. No need to pick your child up after school and drive them to practice!! Carline pick up promptly at 3:30 p.m. in front of the main building.
- All games are played at Sabot at Stony Point School Field mostly on Thursday afternoons.
- **Please provide an email address which can be checked from your phone on practice or game days should cancellations or emergencies occur. IF YOU CANNOT CHECK YOUR EMAIL FROM YOUR PHONE, please provide a cell number that we can text regarding cancellations.**
- Players need to provide the following equipment, in addition to the school-supplied jersey:
  - Soccer/athletic shorts
  - Soccer cleats
  - Shin guards under socks
  - Water bottle (Bring it to school filled – no soda!)
  - Mouthpiece are recommended for all players
  - Warm clothes for inclement weather

Parents are encouraged to send towels and clean clothes on days when players may get dirty and wet due to the field conditions.

## Riverside School Soccer Agreement

1. Players are expected to participate in all practices and games unless there is a valid reason to miss, as determined by the parent(s). Parents are to notify the coach or the school in advance when a player will miss a game.
2. Players are expected to cooperate fully and behave appropriately. Players who are uncooperative, use inappropriate language, or criticize other players, coaches or officials, will be subject to the following as determined by the coach: a warning, side-lining, and suspension from play.
3. Players are to arrive 15 minutes early for all games. Parents are to remain at the games or else make sure another parent is present who can be responsible for their player in case of an emergency.
4. Parents need to arrive 5 minutes early to pick up their child. Players are to be picked up at **3:30 p.m.** on practice days and are to be picked up immediately following games. Please do NOT ask your player to phone you when the practice/game is over. Coach must leave as soon as practices/games are completed.
5. Parents are not to drop off players before the Coach arrives or a designated parent assistant has arrived.
6. Starting line-ups for games will be determined by ability, enthusiasm, attendance, and adherence to the behavioral expectations of this agreement.
7. Every effort will be made to have all players participate in at least half the game. It is expected that players and parents will support this policy.
8. In order for your child to participate in soccer, you must be willing to provide snacks or drinks to a game.
9. The registration form is required for participation. Please make sure your child's forms are turned in by **Friday, March 20, 2020.**



**Soccer (Gr. 2-5) Registration Form and Contract**  
**Due by March 20, 2020**

Please check here if you would be willing to serve as:

\_\_\_\_\_ **Team Coordinator.** Arrange team refreshment schedules and contact parents for team activities.

\_\_\_\_\_ **Parent Assistant.** Stay with students after games and practices until all are picked up. .

\*\*\*\*\*

**\*\*You are responsible for arranging your own child's transportation to games.\*\***

Please inform the office through email of any arrangements other than you driving your own child.

**Registration Fee: \$60.00**

Please make checks payable to *Riverside School*.

**Student and Parent Contract:**

*We agree to uphold all the policies required to participate in the Riverside School Soccer program and will do our best to be a positive member and supporter of this team.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

**Name and email which can be checked on your cell phone on practice and game days or cell phone number for text message:**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Number

**Return Contract, \$60 registration fee, and Soccer Release Form.**

**SOCCER RELEASE FORM**  
**Grades 2-5 - Spring 2020**

I understand there are certain risks inherent in the participation in sports, and I am willing to assume these risks. In addition, to giving full consent for my child's participation, I do hereby waive, release and hold harmless Riverside School, it's officers, coaches, and employees for an injury that may be suffered by my child in the normal course of the participation of the soccer activities incidental thereto, whether the results of negligence or any other cause.

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give my permission for any and all medical attention necessary to be administered to my child,

\_\_\_\_\_ Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Agent: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case I cannot be reached, I give permission to the Coach, Team Parent, or School Designee, to act on my behalf.

In case I cannot be reached, please call \_\_\_\_\_ at \_\_\_\_\_

Our Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of  
Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_