



# Ashe County Parks & Recreation

## Spring SOCCER League

626 ASHE CENTRAL SCHOOL ROAD, UNIT 16  
JEFFERSON, NC 28640  
(336) 982-6185

**Registration Fee: \$40**

**\*\*Deadline for registration is March 6th\*\***

FOR OFFICE USE ONLY	
DATE:	_____
Fee:	_____
CC:	___ Cash: ___ Check: _____
Receipt #:	_____
Staff:	_____

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_ NC, Zip \_\_\_\_\_

School Child Attends: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Age as of January 1, 2026 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone: Home \_\_\_\_\_  
Work/Cell \_\_\_\_\_

### League Break Down (Note: Breakdowns may change due to registration number!)

Division depends

on age as of  
Jan. 1, 2026

Division

Ages

\_\_\_\_ U-7  
\_\_\_\_ U-10  
\_\_\_\_ U-13

5 - 7 year olds  
8-10 year olds  
11-13 year olds

Has your child ever played  
Goalkeeper for the majority  
of a season?

Yes \_\_\_\_\_ No \_\_\_\_\_

Shirt Size: Specify Adult(A) or Youth Size(Y): Small \_\_\_\_\_, Medium \_\_\_\_\_, Large \_\_\_\_\_

Parental Permission & Release: I, as parent/legal guardian of participant, \_\_\_\_\_, hereby give my consent for participation in the Ashe County Parks and Recreation Soccer League. I assume all risk and hazards incidental to such participation, including transportation to and from the program, and do hereby waive, release, absolve, indemnify and agree to hold harmless Ashe County, its staff, its volunteers and any sponsoring agency, for any claim arising out of any loss or injury that the participant might sustain while engaged in this program. I understand the Ashe County Parks & Recreation does not provide insurance and is not responsible for the medical condition of participant. I agree to the release of photographs of the participant for the promotion of ACP&R. I agree to return or pay for all equipment issued to the participant. I also agree to abide by the no refund and resident participation policies. I am responsible for the listing of any medical condition, any limitations and special needs of the participant in the space provided below. I understand that the objective to this program is to teach fundamentals and sportsmanship. Anytime a child or parent/guardian/spectator intentionally uses non-sportsmanlike conduct (examples: hitting, cursing, or any similar action), they will be removed from that game with similar conduct, will be asked to leave the facility by an official umpire, or ACPR Staff. Failure to leave may cause the removal of that person by law enforcement officer and cause termination of your child from the program. If this occurs, your entry fee will not be refunded.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name \_\_\_\_\_

**Matches:** Teams will play an average of two matches per week. Play days are weekdays, Sunday evenings, and Saturdays.

**Practice:** Begins in March and times will be scheduled by ACPR.

**Season:** Matches will begin in early April and run through June.

**Equipment:** The Recreation Department will provide a T-shirt that the players keep after the season concludes. Each child will need shin guards, shorts and soccer socks. The coach will inform the team as to what color socks are required.

**\*Volunteer Coaches:** Are you interested in serving as a **Volunteer Head Coach?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*Team Sponsors:** Are you, or someone you know, interested in sponsoring a team? \_\_\_\_\_ Yes \_\_\_\_\_ No

Business: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_