



City of Henderson

2016 YOUTH SOCCER LEAGUES

Program goals | Everyone plays • Positive coaching • Balanced teams • Open registration • Good sportsmanship

AGE DIVISIONS

The effective date of age determination for soccer is the player's age as of September 30, 2016. Players who are at least 5 years old as of this date are eligible to participate. If there is an age discrepancy, we reserve the right to request birth certificate or other official documentation for team placement.

Division	Age	Eligible Birth Dates
U6	5	10-1-10 thru 9-30-11
U8	6-7	10-1-08 thru 9-30-10
U10	8-9	10-1-06 thru 9-30-08
U12	10-11	10-1-04 thru 9-30-06
U14	12-13	10-1-02 thru 9-30-04
U19	14-18	10-1-97 thru 9-30-02

ENROLLMENT

One child: \$57

Additional siblings: \$51.30 per child

Non-Resident Rates: Clark County add 15%, Outside Clark County add 25%

Players must be from the same immediate family to receive the discount. We reserve the right to request supporting documentation.

WAYS TO REGISTER

Online and mail-in registration:
Through August 8

Drop-off registration:
July 18-August 8 (accepted at all recreation centers, the Sports Office and player ratings, space permitting)

Mail your registration to:
Arroyo Grande Sports Complex,
298 Arroyo Grande Blvd., Henderson, NV 89014

For information:
702-267-5717 | cityofhenderson.com
COHyouthleague@cityofhenderson.com

City of Henderson leagues are designed to guide each participant through an organized program and to develop the fundamental skills of soccer while emphasizing fun and sportsmanship.

- U6 and U8 divisions are co-rec with no scores or standings kept
- Days, times and locations of practices are at the volunteer coach's discretion
- Teams are formed according to the player rating system
- Space is limited

PLAYER RATINGS

Player ratings will be held at Morrell Park - 500 Harris St. and Russell Road Recreation Complex (RRRC) - 5901 E. Russell Rd.

Division	August 11 (Morrell Park)	August 12 (RRRC)	August 15 (Morrell Park)
No ratings for U6 or U8			
U10	6pm	6pm	6pm
U12	7pm	7pm	7pm
U14/U16/U19	7:30pm	7:30pm	7:30pm

Practices begin: September 6

Games begin: Saturday, September 24

Season ends: Saturday, November 5

REGISTRATION CODES

Zone 1: For youth residing within 89002, 89005, 89009, 89011, and 89015 ZIP codes.

Zone 2: For youth residing within 89011, 89014, 89074, and Las Vegas ZIP codes (except 89123 & 89183)

Zone 3: For youth residing within 89012, 89044, 89052, 89053, 89123 and 89183 ZIP codes

Zone	Division	Code
1	U6 Co-Rec	634050-68
2	U6 Co-Rec	634051-68
3	U6 Co-Rec	634052-68
1	U8 Co-Rec	634053-68
2	U8 Co-Rec	634054-68
3	U8 Co-Rec	634055-68
1/2/3	U10 Boys	634056-68
1/2/3	U10 Girls	634059-68
1/2/3	U12 Boys	634062-68
1/2/3	U12 Girls	634065-68
1/2/3	U14 Boys	634068-68
1/2/3	U14 Girls	634071-68
1/2/3	U19 Boys	634074-68
1/2/3	U19 Girls	634077-68
Interested soccer coaches		634080-00

Volunteer Coach Information

All coaches are required to obtain certification through the NYSCA. Additionally, all coaches will be required to submit fingerprints for national and state background checks. Coaches are required to hold two 1-hour practices per week prior to the start of the season and one 1-hour practice per week once the season has begun. Submittal of this form confirms your interest to become a volunteer coach. Coaches will be selected at the end of registration. The City of Henderson reserves the right to deny your volunteer application without explanation.

Have you coached with the City of Henderson before? Yes No

If yes, please provide your NYSCA member number: _____

Please indicate your years of experience as a coach: 1 2 3 4 5 or greater

In a brief statement, please describe your coaching philosophy and why you are interested in becoming a volunteer youth sports coach:



Youth Sports Registration Form

THIS FORM CAN BE COPIED • PLEASE PRINT AND FILL OUT COMPLETELY

Sports Office • 298 Arroyo Grande Blvd., Henderson, NV 89014

Parent/Guardian: First		Last		
Street Address		Apt.#	City	State ZIP
Home Phone	Cell Phone	Emergency Phone	Email Address	
Participant #1: First		Last		
Birthdate	Age	Height	Gender	
Participant #2: First		Last		
Birthdate	Age	Height	Gender	
Participant #3: First		Last		
Birthdate	Age	Height	Gender	

All refunds are subject to a \$5 service charge.

Parents may request placement with one other player in the same division, **for U6 and U8 divisions ONLY.**

- Request must be mutual (the player being requested must also request you)
- Request must be made on the youth sports registration form
- Requests submitted after player rating days will not be honored
- U10-U19 division player requests will not be honored; teams are formed by the player rating system in these divisions

Player requests are one of many variables considered when making teams. These requests are not guaranteed. The Sports Office will make final determination on roster placement. Place your request here:

_____ requests to be with _____. Both players are registered in the **U6 U8** division.
 Your child's name Requested child's name Please circle one

Fitness & Sports Activity Waiver Of Liability and Disclaimer

Please read this carefully and be aware that by agreeing to it you will be waiving and releasing claims for potential injuries and property damage arising from participation in this fitness or sports activity. I, as the participant or parent or legal guardian of the above-named child, acknowledge that I understand the physical nature of this fitness or sports activity and that I, or the above-named child, am/is qualified, in good health, and in proper physical condition to participate in such activity. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous fitness activities and have substantial risks of injury such as transmission of diseases. I fully understand that fitness and sports classes may incorporate compound whole-body movements that demand focus and constant attention to form and may involve the risk of serious bodily injury, including, but not limited to, broken bones, torn ligaments, dislocated joints, head injury, stroke, loss of consciousness, cardiac arrest, muscle strain and sprain, back injury, joint pain, pelvic discomfort, knee or hip dislocation, punctures, abrasions, bruising, and shortness of breath which may result in permanent disability, paralysis and/or death. I understand that these and other risks may be caused by my own, or the above-named child's actions or inaction; or by others participating in this event; by the use and adjustment of any equipment or apparatus; the conditions in which the event takes place; or the negligence of the Releasers described below; and that there may be other risks either not known by me, or the above-named child, or not foreseen at this time. I fully accept and expressly assume all such risks and responsibility for injury, losses, costs, and damages I, or the above-named child, incur as a result of my or the above-named child's participation in the activity. I hereby release, discharge and covenant not to sue the City of Henderson, their respective administrators, directors, agents, officers, volunteers and/or employees (Releasers) for occurrences of any nature or kind arising as a result of my or the above-named child's voluntary participation in this activity. If I, or anyone on behalf of me or the above-named child, makes a claim against any of the Releasers, I or my estate will indemnify, defend, save, and hold harmless each of the Releasers from any liability, loss, damage, or cost, whether for personal injury or property damage, which they may incur as a result of such claim, except to the extent described in the next paragraph. This release, waiver of liability, and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the intentional, willful, or wanton misconduct of Releasers. No oral representations, statements, or inducements apart from this waiver and release have been made. I have, or will, inspect the facilities and equipment to be used in conjunction with this event and if I believe any unsafe conditions exists, I will immediately advise a class trainer of such condition and refuse to participate until such condition is corrected. I further acknowledge that I have been advised by the City of Henderson to seek the advice of a health care provider prior to my, or the above-named child's, participation in this activity.

 Participant/parent/guardian signature Date



Supporting the Americans with Disabilities Act, does patron require assistance? Yes No

If yes, please specify:

Please return to: Sports Office, 298 Arroyo Grande Blvd., Henderson, NV 89014

Volunteer Coach Information

The City of Henderson requires all of its volunteer coaches to be NYSCA certified and to complete a background check. The certification is obtained by completing one of the training sessions offered during each of the youth sports seasons. Coaches are encouraged to submit a volunteer application at cityofhenderson.com, using activity code 634080-00. *Only serious inquiries please.*

Coach's Name: _____ Address: _____ City/ZIP Code: _____

1st Phone: _____ 2nd Phone: _____ Email: _____

Please indicate the grade/division in which you are interested:

Division: _____ Child's Name: _____ Child's Age: _____

Division: _____ Child's Name: _____ Child's Age: _____

Do you plan to coach with someone? (Circle one) Yes No If yes, please complete the information listed below:

Coach's Name: _____ Child's Name: _____ Child's Age: _____

Please see reverse side to complete your registration form and/or to complete volunteer coach information.