

TAZEWELL RECREATION DEPARTMENT FALL 2026 YOUTH SOCCER REGISTRATION FORM

Tazewell Recreation Department
P.O. Box 608
Tazewell, VA 24651
(276) 988-2501

REGISTRATION DEADLINE: August 10, 2026

*Any forms postmarked or brought in after August 10, 2026, will be assessed a \$5.00 Late Fee. In addition, there will be **ABSOLUTELY NO** registrations taken after September 1, 2026.*

PRE-K THROUGH 8TH GRADE

Players Last Name: _____ Players First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Sex: ☐ Male ☐ Female

Parent/Guardian Name _____ Parent/Guardian Phone _____

Parent/Guardian 2 Name _____ Parent/Guardian 2 Phone _____

Date of Birth _____

Email Address: _____

I / We will volunteer to: Coach _____ Assistant Coach _____
Head coach receives registration discount

Emergency Contact (other than parent/guardians):

Name _____ Relationship _____ Phone _____

Player Medical Problems _____

A registration form must be filled out for each player. Each player must submit a copy of their birth certificate.

Fall Fees: \$35 per player **Family discounts:** 2 players or more/\$30 per player

Schedule: Games will be each Thursday from September 10th through October 22nd. No game on October 8th.

Sorry, there will be No Refunds if a Player registers and then decides not to play or is unable to play.

Players will be notified by their Coach about two (2) weeks before the first scheduled game. The Practice Schedule and location are determined by your coach.

Shin guards are required and must be covered completely by socks Shoes with non-removable plastic or rubber cleats are recommended. Sneakers are acceptable. Metal cleats and shoes with toe cleats are not allowed. **All shoes must comply with Virginia Youth Soccer Association standards.**



Age of child as of August 1, 2026: _____ How many years has this child played Soccer? _____

Shirt Size – Youth: Small Med Large Adult: Small Med Large XL 2X

*****Soccer Age is governed by the age of a Child on August 1, 2026, and will remain in that classification until August 1, 2027. The question above is the way we determine what age group to place your child, please take the time and make sure this is correct. If a parent desires to move their child to a higher age level, a permission letter must accompany this registration. The Recreation Director will approve or disapprove of this request.**

LEAGUE USE ONLY

U _____

Amount paid _____

Check # _____

Receipt # _____

Notes _____

TEAM _____

Please read and sign

AGREEMENT: I hereby certify that all Player Registration Information given above is correct.

I agree, for myself and the Registered Player, to uphold and obey all Rules, Regulations, By-Laws, and Codes of the Tazewell Recreation Department Soccer League.

In order to participate in this Program, as Parent or Guardian for the Participant, I assume the risk of any and all injuries suffered or caused by the Participant due to participation in this activity.

Additionally, I hereby give my consent for all Medical Care prescribed by a duly licensed Physician for the Participant who is my dependent if the injury or illness occurs while he/she is under the supervision of the Tazewell Recreation Department Soccer League. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of the Participant who is my dependent.

I agree to abide by all League Rules and the decisions of the Officials and Program Directors.

***I am aware and agree that even though a note has been placed on this registration form for my child to be placed with a certain coach/team or placed with another specific child that there is **ABSOLUTELY NO GUARANTEE** they will be placed with that coach/team or placed with another child. I am aware and agree that there will be **NO** refunds due to a child NOT being placed with another coach/team/child. I am aware and agree that after the rosters are done if my child is **not** with requested coach/team or placed with another child there will be **ABSOLUTELY NO switching of players from one team to another to accommodate requests.**

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Make checks payable to **Town of Tazewell** and return the Registration Form, Fee, and copy of Birth Certificate to:

**Tazewell Recreation Department
P.O. Box 608
Tazewell, VA 24651**

Forms may be returned by Mail or In Person at Tazewell Town Hall, located at 211 Central Avenue, Tazewell, VA.

PARENTS KEEP THIS PAGE



IMPORTANT REMINDERS

- !** No guarantee that request for specific player matchups will be made.
- !** ABSOLUTELY no trading or moving players by coaches or parents to accommodate requests.
- !** Sportsmanship starts with you (coaches & parents), so please be respectful to players, coaches, officials, and each other. Failure to do so can and will result in removal for the soccer season and park.
- !** No smoking of any kind, including Vape.