

**City of Newport News  
Parks, Recreation & Tourism Department**

**2022 Indoor Soccer Program Registration Packet**



**NNPRT Athletic Office - Warwick Recreation Center  
29 Copeland Lane  
Newport News, VA 23601**

**(757) 591-4892**

**[athletics@nnva.gov](mailto:athletics@nnva.gov)**

**[www.nnathletics.com](http://www.nnathletics.com)**



# HOW TO REGISTER

There are three ways to register for any of our NNPRT Athletic programs.

## 1. Online Registration

This is the preferred method as the parent or guardian will be able to fill out all the necessary registration information and sign all waivers before paying with a credit card. There is a small service fee charged by ActiveNet that is required for all online registrations.

**NOTE:** Please make sure that your credit card is active in the event a refund is needed – Athletic Staff will use the card that was linked to the registration to refund the registration fee.

### [Online Registration Link](#)

## 2. Utilize Warwick Recreation Center Drop Box Option

Located at 29 Copeland Lane, the NNPRT Athletic Office has a drop box outside the office door that can be used to submit registration forms. If utilizing this option, please complete the following tasks and put inside a mailing envelope:

1. Download the registration packet from the NNPRT Athletics Website ([www.nnathletics.com](http://www.nnathletics.com)) and submit ALL registration forms and waivers. All forms and waivers must be completed for **each individual participant**. Make sure that all of the required information is filled out and legible.
2. If paying by cash or check – attach the exact registration fee (no change) & include with the registration forms.
3. If paying by credit card – fill out the necessary information located on the registration form for an Athletic Staff member to process the registration. Please make sure that your credit card is active in the event a refund is needed – Athletic Staff will use the card that was linked to the registration to refund the registration fee.

\*All completed registrations will receive a confirmation from ActiveNet. Registration is not completed without all the necessary waivers, forms and payment.

The Athletic Office is open from 10am-7pm Monday through Friday and 10am-2pm on Saturday. Any registration submitted outside the business hours will be processed on the next business day.

## 3. In-Person Registration at Warwick Recreation Center

Located at 29 Copeland Lane, in-person registration is available at the Warwick Recreation Center during office hours. All registration forms are available on-site and will need to be completed prior to payment. Cash, check, money order, and credit cards are accepted at the Warwick Recreation Center.



## 2022 YOUTH INDOOR SOCCER PROGRAM INFORMATION

Welcome to the Newport News Department of Parks, Recreation & Tourism Youth Soccer program. The following information should answer most questions and will serve as a guide towards what to expect during the program.

1. The program is offered for 5-17 year olds with ages being split into five coed leagues: Bantam (5-6 year olds), Mite (7-8 year olds), Junior (9-10 year olds), Intermediate (11-13 year olds), and Senior (14-17 year olds) leagues. **All players will be randomly placed on teams by Athletic Staff as Indoor Soccer teams are all NEW teams.** Players will not be allowed to change teams unless dire circumstances arise at the discretion of Athletic Staff. **Requests for a specific team, coach, or with a player is not guaranteed. No refunds will be issued after regular season games have started. In the event that NNPRT cancels the program for any reason, refund information will be distributed via email.**
2. The age eligibility date for the indoor soccer league is January 1, 2022. A player may move up one age group if he/she has a sibling actively playing in the older age group and only if the younger player is within ONE season of being eligible to move up (March 1 is the age eligibility date for Spring Soccer). Players will not be allowed to move up or stay down for any other reason. Only siblings living in the same household will be guaranteed to be placed together as long as age requirements are met and Athletic Staff has been notified of siblings at time of registration.
3. All players are required to have shin guards. Players **MUST** wear indoor soccer shoes OR non-marking tennis shoes. No dress shoes or black soled shoes will be allowed on the gym floor. Athletic shorts or pants without pockets should be worn. **NO** jewelry may be worn during games or practices at any time. This includes, but is not limited to: hair beads, starter earrings, necklaces, bracelets, or any other item worn anywhere on the body. Medical alert necklaces or bracelets may be worn provided they are taped to the body.
6. The program cost is \$40 for Newport News City residents and team shirts will be provided; however, any shirt exchanges must be done within one week of distribution. Replacement shirt cost is \$15. Depending on facility availability, the current plan is a 6-8 game season and no standings are kept in the indoor season.
6. Volunteer coaches are needed for all age groups. If interested in coaching a team, even if just as an assistant, please contact the staff at Warwick Recreation, 591-4892 or [athletics@nnva.gov](mailto:athletics@nnva.gov).
7. All NNPRT Athletics information can be found on our website, [www.nnathletics.com](http://www.nnathletics.com). This site includes registration/program information, schedules, and program updates. Our Facebook page, [www.facebook.com/nnathletics](http://www.facebook.com/nnathletics), will also be used to facilitate program information.

### IMPORTANT DATES (Subject to Change):

October 1 – November 6, 2021  
 November 16, 2021  
 Week of November 29, 2021  
 Week of January 3, 2022

Registration Period (Online or In-Person at Warwick Rec)  
 Coaches Meeting – Warwick Recreation Center (Time TBD)  
 Practice Begins (Tentative)  
 Games Begin (Tentative)



**City of Newport News  
Department of Parks, Recreation and Tourism  
Youth Soccer Waiver of Liability  
2022 Winter League**



Player Information					
Player Name: _____					
Date of Birth: ____/____/____		Age as of January 1, 2022: _____		___Male ___Female	
School: _____			Soccer Position: <b>DEF</b> <b>MID</b> <b>FWD</b> <b>GK</b>		
JERSEY SIZE (Circle one)	Youth Small Adult Small	Youth Medium Adult Medium	Youth Large Adult Large	Adult X-Large	Adult XX-Large
<b>REQUESTS TO BE WITH A CERTAIN COACH OR TEAM ARE NOT GUARANTEED. ALL TEAMS ARE MADE AT RANDOM FOR THE WINTER SEASON.</b>					
Parent or Guardian Information					
PARENT/GUARDIAN NAME			_____		
ADDRESS			ZIP CODE: _____		
BEST CONTACT NUMBER			_____		
EMAIL ADDRESS			_____		
Emergency Contact Information					
EMERGENCY CONTACT NAME			_____		
EMERGENCY CONTACT NUMBER			_____		
Are You Interested in Coaching?					
<b>HEAD</b>	<b>OR</b>	<b>ASSISTANT</b>	<b>NAME:</b>	<b>PHONE:</b>	
_____	_____	_____	_____	_____	

I, **parent or guardian (circle one)** hereby grant, \_\_\_\_\_, ("the participant") permission to participate in the YOUTH SOCCER program for the **WINTER 2022** season. By signing and submitting this contract, I hereby assume full responsibility and understand all the risks associated with the participant playing **SOCCER**, including but not limited to sprained or broken ankles and wrists, cuts, bruises, pulled muscles, etc., while performing the skills of the sport or any other activity associated with playing the sport. Also, I understand and agree that I am responsible for any and all damages, losses, or injuries that the participant may incur, while attending or participating in the program and hereby expressly waive any and all claims or causes against the City of Newport News including its employees, agents, volunteers and sponsors, arising out of the participant's attendance or participation in the program, including but not limited to, transportation to and from the program.

I give my consent and permission to the City of Newport News to use, publish, print or otherwise release the likeness, voice, picture, photograph and name of me and my child(ren) (if applicable) related to the athletic program for purposes pertaining to the following: general media releases; promotional or publicity purposes; photographic, print, radio, electronic, internet or television broadcast anywhere throughout the United States and the world. I also give my consent and permission to the City of Newport News and its agents to edit such material on film or videotape for these purposes and I waive my right to approve such edits and any accompanying written, photographic or narrative material. I understand and agree that neither I, nor my child, will be compensated in any way for the use of my own or my child's likeness by the City. In consideration of City's permission for me and/or my child to participate in this program, I hereby release the City of Newport News, its officers, directors, employees, Agents and Volunteers, and assigns from any liability for any violation of any personal, privacy, property, or other rights which I or my family might have in connection with the use of me or my family member's likeness, voice, picture, photograph and name. **Initial** \_\_\_\_\_

Does the above participant have any special conditions, illness or disorders that would prevent him/her from participating in this program?

**Yes**    **No**    **Initial** \_\_\_\_\_

If **YES** please explain: \_\_\_\_\_

Upon receiving the Parent Code of Conduct I will adhere to the guidelines for the program. I will address any questions or concerns to Athletic Staff. **Initial** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY	Cash	Check #	Card	Not Paid	___Bantam 5-6    ___Mite 7-8
	Receipt Number: _____				___Junior 9-10    ___Inter. 11-13 ___Senior 14-17



# CITY OF NEWPORT NEWS

*Department of Parks & Recreation*

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## Credit Card Authorization Notice

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my permission to the City of Newport News Parks, Recreation & Tourism Athletics Division to use my credit card to submit payment for the following program/rental: \_\_\_\_\_

Participant/Organization Name(s): \_\_\_\_\_

This authorization form is valid from \_\_\_\_\_ to \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

### **OFFICE USE ONLY:**

Employee Name: \_\_\_\_\_

Processing Date(s): \_\_\_\_\_

Amount: \_\_\_\_\_ Receipt Number: \_\_\_\_\_