

# SANDWICH YOUTH SOCCER FALL 2019

**REGISTRATION DEADLINE: Tuesday, September 3**

**ALL LEAGUES ARE CO-ED**

## **Information and Expectations**

Thank you for participating in the Fall 2019 Sandwich Youth Soccer Program. We hope to have a great season developing a love and understanding of the game of soccer. Our top priority is for all the kids to have fun! A helpful way for the coaches to focus on the fun and skills of soccer is to have families help us out by providing, knowing and doing the following things:

**K - 2<sup>ND</sup> GRADE:** Introductory and instructional based league using fun skill games to learn about the game of soccer and locomotive movement. Participants will take part in various drills and instructional scrimmages. This group will practice after school on Thursdays (2:35-3:35) and on Saturday mornings 9:00am – 10:00am. on Quimby Field. (No Soccer October 6<sup>th</sup>- Sandwich Fair) Cost: \$20 Start date- 9/12

**3<sup>rd</sup> & 4<sup>th</sup> GRADE:** This group will focus on sportsmanship, inclusion, and participation. This group will be coached by Nick Sovie and assisted by Amelia Reynolds. Players will expand their soccer abilities through basic skills, team play, and strategy. This group will practice, and play 8v8 games mid-week in Sandwich and against Moultonborough at their field on Playground Drive, and on Saturday mornings in Meredith, and perhaps Moultonborough. (No Soccer on October 12<sup>th</sup> - Sandwich Fair) Cost: \$35 Start Date- Thursday 8/29 2:35pm. First game is Saturday 9/7

**5<sup>th</sup> & 6<sup>th</sup> Grade League:** This is a competitive soccer team looking for players eager to hone their skills in all facets of the game. This group will be led by Valerie Brunell. Once our games schedule is determined we will announce the practice and games schedule for the season. We will play Saturday's in Meredith and Moultonborough, and host mid-week games in Sandwich against teams from those towns. Games will likely be a 10 vs. 10 format, though we are discussing 9 vs 9. Games will be two 20-minute halves. First Practice Wed, 8/28 2:35. First game Saturday, 9/7. Cost: \$35

**Cancellations:** If a practice or a game is cancelled for any reason, I will contact you through whatever preferred method of contact was specified on your registration form. I will also contact the school with all relevant information. **If there is a cancellation, Park and rec or coaches will not be responsible for players after school or scheduled weekend game times. Please make sure you and your child have a plan if any cancellations occur. If a practice is stopped early for any reason (weather) the team will gather under the post office.**

**Equipment: Players must wear SHIN GUARDS for practices and games. 3+4 and 5+6 Players must wear Mouth Guards for games.**

Players in the 3+4 group will be given uniforms for games. These uniforms should not be worn to practices. Players are recommended to have cleats, loose fitting athletic clothing (shorts, sweatpants, and athletic tees). \*Sandwich Rec has some cleats to give to give away (mostly in sizes for K-3<sup>rd</sup> players), please check with me: 284-6473.

**Practices:** Players should have with them their soccer equipment: Cleats, Shin guards, athletic clothing, water bottle, mouth guard. (Mouth guards are required for games, so having players practice with them is best for safety and gets them used to wearing one). Please check your Youth Soccer Calendar for the end time of each days' practice, as practice may end at different times throughout the season. It is very important players come to as many practices as possible. I understand players have other activities and obligations, if you believe your child may miss practice regularly, please let me know so we can make a plan.

**Games:** Please arrive fifteen minutes before scheduled game time. This will allow adequate time to warm up. **Players must have shin-guards in order play in games! Please make sure your child has their uniform on game days.**

**Arriving/Leaving:** Please be Punctual. If you live in or near the Center and plan to allow your child to get home by themselves please let me know. Players should arrive to games fifteen minutes before the posted time. On game days players will **NOT** be met at the school by coaches and will **NOT** be under the supervision or the responsibility of their coaches or Sandwich Parks and Rec until fifteen minutes before the scheduled start of all games. Players must find their own transportation to away games.

**Parents:** Your child is signed up for a recreational, instructional, soccer team. Every child is guaranteed equal playing time. You, as a parent of a players, are expected encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event. Please remember that the game is for youth- not adults. You should always demonstrate self-control and respect for others, including officials, other parents, spectators, coaches and athletes. This is an instructional league, which means the rules and laws of the game are applied differently than in professional soccer, partly by design, and partly because this is an instructional league for the referees as well. It is our job to support the players and the officials. **THERE IS A ZERO TOLERANCE POLICY FOR QUESTIONING OFFICIALS, OR EXHIBITING TAUNTING OR DISTRACTING BEHAVIOR.** If you have concerns, you are encouraged to share them, but the appropriate channel is through your teams' coach or through Sandwich Parks and Rec director, Ole Anderson. If you have any concerns with the coach or the other players on the team, you are encouraged to discuss with the volunteer coaches and Ole Anderson.

**Registration and Payment:** Sandwich Parks and Rec must have a completed registration form by Tuesday, September 3. We must also have a completed Medical Release Form. If you need assistance for the cost of this program, there is a local scholarship fund for families, please fill out the Quimby Youth Fund form, or you may request a scholarship from the Parks and Rec department directly. Sandwich Parks and Recreation has a policy of inclusion. Payment and fees, or lack thereof, will never prevent anyone from registering or participating in any of our programs. No refunds will be granted after Tuesday, September 10.

ANY QUESTIONS? PLEASE CALL OR EMAIL OLE ANDERSON: 284-6473  
sandwichrecreation@gmail.com

**2019 Sandwich Youth Soccer Fall Program**

**(K-2): \$20.00      (3-6): \$35.00**

Cash or Check (please make checks payable to: Town of Sandwich)

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade (Fall) \_\_\_\_\_ D.O.B \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_

Physical Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

Best Way to Contact in Case of Cancellation \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship \_\_\_\_\_

Please list any medical conditions, allergies, or medications the participant has that we should be aware of: \_\_\_\_\_

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All participants are expected to behave the same as the school day, should arrive prepared to participate with appropriate activity/safety equipment and be picked up from all activities in a timely manner. Please alert your P&R staff of any special circumstances and calendar conflicts as soon as possible. By signing below, I give permission for my child to participate in the Sandwich Youth Soccer Program offered by Sandwich Parks and Recreation Department. I understand that playing outdoors can take place in a variety of conditions that include but are not limited to; exposure to extreme hot and/or cold, rain and wind; and fields that may be uneven and/or slippery. I understand that soccer is physical activity with inherent risks that may result in death, hypothermia, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I accept all risks inherent to said activity and do hereby release the Sandwich Parks and Recreation Department and their staff and volunteers assisting with this program from and liability arising out of any injury which may occur to my child during the normal course of the above mentioned program.

\*This Program is not affiliated with Sandwich Central School

**Sandwich Parks takes Photos to use in our promotional material, including our website and Facebook page. If you do not want your child's picture to appear in these materials, please indicate by checking this box:**

Parent/Guardian Signature: \_\_\_\_\_

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

Sandwich Parks and Recreation  
284-6473  
sandwichrecreation@gmail.com  
5 Quimby Field Rd.  
Po Box 194 Center Sandwich, NH 03227

**SANDWICH RECREATION DEPARTMENT  
MEDICAL RELEASE REGISTRATION FORM**

Child's Name: \_\_\_\_\_ D.OB. \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent's Names \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency and no parent or guardian can be reached, please notify

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relation \_\_\_\_\_

Does your child have allergies to any medications: (if so please list) \_\_\_\_\_

ALLERGIES TO MEDICINES, FOODS, BEES, PLANTS, ANIMALS, ETC: \_\_\_\_\_

ASTHMA: YES / NO      FAINTING: YES / NO      EPILEPSY: YES / NO      DIABETES:  
YES / NO      HEART TROUBLE: YES / NO

LIST CURRENT MEDICATIONS or BEE STING KIT: \_\_\_\_\_

Behavior Disorders/Phobias/Other: \_\_\_\_\_

My child has difficulty with (circle all that apply and explain):

EYES: YES / NO      THROAT: YES / NO

EARS: YES / NO      LUNGS: YES / NO

NOSE: YES / NO

OTHER: \_\_\_\_\_

This health history is correct to the best of my knowledge, and I will keep the recreation Department notified of any changes to the above information. The person named above has permission to take part in all prescribed activities. In case of an accident I give permission for the recreation staff or coach to administer first aid. If in the event that none of the above named relations can be reached, and only in the event of an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or order injections or surgery for the safety of my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# SANDWICH FUND FOR CHILDREN AND YOUTH

## APPLICATION FOR ASSISTANCE

Post Office Box #95 Sandwich, NH 03227

Please complete and return to: SFCF Applications, PO BOX 95, Sandwich, NH 03227

Name of Applicant: \_\_\_\_\_

Parent or Guardian

Residence - \_\_\_\_\_

Street and Town

Mailing Address - \_\_\_\_\_ Zip Code \_\_\_\_\_

(if different from above)

Telephone - \_\_\_\_\_ Best time to call \_\_\_\_\_ E-mail \_\_\_\_\_

Name, age, and school/child care program of child/children requesting assistance -

Name of Child	Age	List current attendance at school/child care program

Please list the program for which you wish to receive financial assistance.

Name of Program \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # or e-mail \_\_\_\_\_

Dates of Involvement - Beginning \_\_\_\_\_ Ending - \_\_\_\_\_

Total Cost of Program - \_\_\_\_\_ Amount of Assistance Requested - \_\_\_\_\_

(hourly/ weekly/monthly rate)

Other information \_\_\_\_\_

This application **must be signed and dated by the applicant** -

I certify that our family resides in Sandwich.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **SANDWICH CHILDREN AND YOUTH FUND**

**The Sandwich Children and Youth Fund** serves children from Sandwich. This fund is intended to provide scholarships for children up to the age of 26 to participate in day and overnight summer camp programs, education, licensed child care programs, and other enrichment programs.



**Applicants** are encouraged to apply during one of the two scholarship cycles. The first cycle provides funds for the school year (September 1<sup>st</sup> to June 30<sup>th</sup>) and the second cycle is intended for summer programs (July 1<sup>st</sup> thru August 31<sup>st</sup>)

**Applications** are available through the Sandwich Central School, Sandwich Park & Recreation, Sandwich Town Office and the Sandwich Children's Center, or by request at the below address.



**Sandwich Children and Youth Fund**

**PO Box 95**

**Sandwich, NH 03227**

[sandwichchildrenandyouthfund@gmail.com](mailto:sandwichchildrenandyouthfund@gmail.com)

This fund is supported by the Alfred Quimby Fund in partnership with the

Trustees of Trust Funds for the Town of Sandwich.

Individuals are encouraged to contribute to the Fund.

# SANDWICH PARKS AND RECREATION

## CENTRAL SCHOOL ACTIVITIES NOTIFICATION SHEET

\*ACTIVITIES ARE NOT AFFILIATED, FACILITATED, OR ORGANIZED BY SANDWICH CENTRAL SCHOOL OR THE INTER-LAKES SCHOOL DISTRICT

My Child \_\_\_\_\_ Grade \_\_\_\_\_

Will be participating in the after-school activity (check any that apply)

**SOCCER:**

My child has permission to be released to a Parks and Recreation representative/volunteer to be escorted to the recreational facility for participation in these activities

### **Cancellation:**

\*If an activity is cancelled, due to weather or otherwise, the Parks and Recreation department will notify participant's families, the Sandwich Central School, and the Sandwich Children's Center of the cancellation. It will be the family's responsibility to coordinate after-school arrangements and information with Sandwich Central School staff regarding their child.

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

**Sandwich Parks and Recreation: (603) 284-6473**

Ole Anderson -Director: [sandwichrecreation@gmail.com](mailto:sandwichrecreation@gmail.com)

**Sandwich Central School: 603-284-7712**

Jeremy Hillger: [Jeremy.hillger@interlakes.org](mailto:Jeremy.hillger@interlakes.org)

Alex Adriance-Secretary: [alex.adriance@interlakes.org](mailto:alex.adriance@interlakes.org)