

FALL 2021

CITY OF COLORADO SPRINGS IN PARTNERSHIP WITH COLORADO SPRINGS SCHOOL DISTRICT 11



COLORADO
SPRINGS
OLYMPIC CITY USA

Program Facts

Players will be placed in divisions based on their grade at school as of October 1, 2021.

Divisions are Middleweight (6th & 7th grade) and Heavyweight (7th & 8th grade). There are no weight limits for these two divisions. Players do not need to be officially weighed to participate.

Practice Sites: Your coach will contact you to inform you of the time and date of your first practice. Coaches determine practice days and times, and may choose to move practices to a nearby park.

Games Sites: All Fall District youth football games will be played in Memorial Park or Venezia Park. Games can be played weekday evenings or on Saturdays.

Registration

Open Registration Dates: May 10 - July 16

Registration must be completed in-person or online at the Sports Office:

1315 East Pikes Peak Avenue
Colorado Springs, CO 80909
P: 719.385.5981 | F: 719.385.6013
coloradosprings.gov/youth-sports
between 8 a.m. to 5 p.m. (Weekdays)

Make checks payable to: Parks, Recreation & Cultural Services (PRCS)
Visa, MasterCard, Discover and American Express accepted

Schedule and Fees

Practices Start: Week of August 9

Games Start: Weeks of August 30

Season Ends: No later than October 2

Fee: \$93/child *(Includes 6 games. Equipment is issued by the School in the Fall)*

Participant Warning Statement

Although participation in supervised athletics and activities is generally considered safe, and serious injuries are not common, it is impossible to eliminate every risk. To help reduce accidents and injuries, players must obey safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment.

By registering for this program, you acknowledge that you have read and understand this warning. Those who do not wish to accept the risk should not register or participate.

The City of Colorado Springs carries no insurance for players, coaches, or spectators. The Emergency Medical Service will be called for all medical emergencies. Parents are responsible for any and all charges resulting from a medical emergency.

YOUTH SPORTS MISSION

In pursuit of excellence in youth sports, we are committed to creating a positive environment for our youth's participation in and enjoyment of recreational sports.

Football Registration: May 10-July 16

Late registration for Fall Football begins July 21.

Spaces remaining are on a first-come, first-serve basis. All late registrations are walk-in only at the Sports Office.

Player requests are not honored during late registration. A \$5/person non-refundable late fee will be assessed.

Open Registration

If you did not pre-registered, registration must be completed in-person or online at the:

Sports Office

1315 E. Pikes Peak Ave.

Colorado Springs, CO 80909

P: (719) 385-5981

8 a.m. to 5 p.m. (Weekdays)

Closed Monday, May 30 and Monday, July 4

Make checks payable to Parks, Recreation & Cultural Services (PRCS). Visa, MasterCard, Discover and American Express are accepted.

Adjusted Fee: The adjusted fee were established to allow Recreation Services to serve people fairly and efficiently. Adjusted fees are available for activities exceeding a registration cost of \$30.

Refund Policy

- A full refund or credit is issued if the activity is canceled by the City.
- Once the program has started but is not yet 50% complete, an individual withdrawing from the activity can be refunded or credited 50% of the registration price.
- No refund or credit will be issued for a withdrawal if 50% or more of the program is completed.

Photography

By registering in PRCS activities, you hereby consent to the photographing of your child by the City of Colorado Springs and/or their agents. You hereby consent to the use of these photographs singularly or in conjunction with other photographs/video recordings for PRCS marketing and training purposes without compensation.

Inclusion Coordinator

Youth Sports offers Inclusion Services for people of all ages who choose to participate in the division's recreation programs. If you require an auxiliary aid or service (e.g., sign language interpreter, Braille, adaptive equipment) for participation please let staff know immediately. You will be contacted by the Inclusion Coordinator who will work with you, staff and the volunteer to recommend accommodations designed to provide the most successful experience for all.

Important

The City recommends coaches fundraise to help parents offset costs for any extra items that are not required gear to participate in the program.

REGISTRATION FORM

Parent/Guardian: _____

Email: _____

Address: _____

City/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Player's First and Last Name	M/F	Date of Birth	School Grade	Sport	Park & Activity #	Years of Experience	Weight FB Only	Fee
				D11FB				
				D11FB				

Player Request: I _____ would like to play with _____

Player Request: I _____ would like to play with _____

We have registered for the same division and have requested the same practice site. Note: You may not request more than one player per child.

☐ I acknowledge and agree to the Terms of Use.

By submitting this application and account information, I agree to provide true, accurate, current and complete information about myself and family members. At any time, the City may request verification of the information provided in this application and account and I will provide the information immediately. If at any time I provide any information that is untrue, inaccurate, not current or incomplete, the City has the right to immediately suspend or terminate your account. Additionally, the City may suspend or terminate your individual or your family member's privileges to participate in this and any other City-sponsored activity. The City of Colorado Springs specifically reserves the right to request proof of the information that is a part of this account, including but not limited to, verification of the birth date of the participant.

☐ I acknowledge and agree to the Participant Warning Statement.

Although participation in supervised athletics and activities is generally considered safe, and serious injuries are not common, it is impossible to eliminate every risk. To help reduce accidents and injuries, players must obey safety rules, report all physical problems, follow a proper conditioning program and inspect their own equipment. By registering for this program, you acknowledge that you have read and understand this warning. Those who do not wish to accept the risk should not register or participate. *The City of Colorado Springs carries no insurance for participants or spectators. The Emergency Medical Service will be called for all medical emergencies, and individuals will be responsible for all ensuing charges.*

☐ **Inclusion Coordinator:** If you need an accommodation to participate, please check the box to have the Inclusion Coordinator contact you.

Helping Hand Fund: Yes, I would like to contribute ☐ \$1 ☐ \$5 ☐ \$10 or \$_____ to the PRCS Youth Scholarship Fund. This fund allows children, youth and teens to enroll in programs who otherwise would not have the opportunity to participate. Please include your donation with this registration. Thank you!

Volunteer 2 Coach: Youth Sports could not survive without volunteers. Are you interested in volunteering? ☐ Yes ☐ No ☐ Maybe

INFORMATION PROVIDED BELOW WILL BE DESTROYED IMMEDIATELY AFTER REGISTRATION IS PROCESSED

Check Payment Method: ☐ Cash ☐ Check ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express ☐ MO

Credit Card Number: _____ Exp. Date: _____ CVC: _____

I authorize PRCS to use my credit card for fees in the above listed activities

Print Cardholder's Name

Signature of Cardholder