

Parent's Code of Ethics

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.
- I will place the emotional and physical well-being of each child ahead of a personal desire to win.
- I will support the coaches and officials working with my child, to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from use at all Greenville Recreation and Parks Department's youth sporting events.
- I will remember the game is for youth, not for adults.
- I will do my best to make the youth sports experience fun for my child.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or character development, or providing transportation.
- I will treat other players, coaches, fans, and officials with respect.

I hereby pledge to provide positive support, care, and encouragement for my child participating in Greenville Recreation and Parks Department youth sports by following the Parents Code of Ethics. I understand failure to comply with the Parent's Code of Ethics could result in my suspension from youth sport events.

Parent / Guardian Signature Date

Volunteer Coach's Application

Please complete if you would like to be a volunteer coach and make plans to attend our coaches training.

NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

CHILD'S NAME: _____

CHILD'S AGE GROUP: _____

ASSISTANT COACH: _____

ASSISTANT'S CHILD: _____



RECREATION AND PARKS

Greenville Recreation and Parks Department (GRPD) is currently accepting registration for the 2025 Fall Future Stars season.

How to register:

- **Mail completed form with check to:**
Greenville Recreation & Parks
C/o Athletics
PO Box 7207
Greenville, NC 27835

Make checks payable to GRPD.

- **Online at greenvillenc.gov**
- **In person at the following facilities:**
 - Jaycee Park, 2000 Cedar Lane, Greenville, NC
 - Boyd Lee Park, 5184 Corey Road, Greenville

Registration must be received by August 11, 2025. This includes mailed forms. Requests for team placement will not be accepted.

Please visit greenvillenc.gov for information about programs.



2025 Fall Registration



RECREATION AND PARKS

For additional information, contact the Athletic Office at 252-329-4550



RECREATION AND PARKS

Ages Groups: Leagues for age groups U4-U16 will be formed. The chart below is a breakdown of age groups by birth year.

League Play: Practices will begin Saturday, September 6 at Bradford Creek Soccer Complex. Game times may differ from the initial practice times below:

All U4 Boys.....8:30 AM – 9:30 AM
All U4 & U5 Girls.....9:30 AM – 10:30 AM
All U5 Boys.....10:30 AM – 11:30 AM
All U6 Boys & Girls.....11:30 AM – 12:30 PM
All U7 & U8 Girls.....12:30 PM – 1:30 PM
All U7 & U8 Boys.....1:30 PM – 2:30 PM
All U9 & U10 Girls.....8:30 AM – 9:30 AM
All U9 & U10 Boys.....9:30 AM – 10:30 AM
All U11-U13 Boys & Girls....10:30 AM – 11:30 AM
All U14-U16 Boys & Girls....11:30 AM - 12:30 PM

BIRTH YEAR	AGE GROUP
2022	U4
2021	U5
2020	U6
2019	U7
2018	U8
2016-2017	U9-U10
2013-2015	U11-U13
2010-2012	U14-U16



Cost: \$50 per player

Shin guards are required and must be worn. Players are not allowed to wear jewelry, including earrings, during games. Players will be contacted by Friday, September 5 by their coach. If you have not heard from a coach by September 5, please contact the Athletic Office at 252.329.4550.

Requests for team placement will not be accepted.

Future Stars games will be played at Bradford Creek Soccer Complex (Old Pactolus Rd.)

For more information about upcoming programs please call the Athletic Office at 252.329.4550 or visit www.greenvillenc.gov.

SPONSORSHIP OPPORTUNITIES

We are currently seeking sponsors for the 2025 season.
If you are interested in sponsoring, please email Lauren Crabtree at PGSASoccerFundraising@gmail.com

2025 Fall Future Stars

Name: _____
First Last
Birthdate: ____/____/____ Gender: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____
Email: _____

Emergency Contact (Name and Number): _____

Medical Information (allergies, special meds, instructions): _____

Please check here if you wish to be contacted regarding ADA accommodations to participate in this program: ☐

Permission, Release, and Assumption Risk

I, as parent, guardian, or legal representative of the below identified youth participant ("Participant"), in consideration of being allowed to participate in **FUTURE STARS** sponsored by the City of Greenville, Greenville Recreation and Parks Department (collectively the "City"), and PGSA hereby assume, on my behalf and Participant's behalf, any and all known, unknown, and unanticipated risks and hereby release, indemnify, and hold harmless the City, its officials, officers, employees, agents, consultants, and volunteers from any and all claims, demands, lawsuits, actions, proceedings, or liability caused by an accident, injury, damage or other occurrence resulting in bodily injury, death, sickness, disease, or exposure to, and illness from, an infectious disease, or damage to person or property in any nature whatsoever in connection participation in the Program. I, individually, and on behalf of Participant, intend this Permission, Release, and Assumption of Risk to be binding not only for myself and Participant, but also on our heirs, executors, administrators, successors, or assigns, legal representatives, and any other persons who may act on my behalf or on behalf of Participant. For the safe enjoyment of this Program by all participants, the City has established rules, regulations, terms, and conditions ("Program Rules"). I, individually, and on behalf of Participant, acknowledge receipt and understanding of all Program Rules and willingly agree to comply with and abide by the Program Rules. I, individually, and on behalf of Participant, further understand and agree that the City in its sole discretion may immediately dismiss Participant and/or me from the Program for a violation of any Program Rule. I, individually, and on behalf of Participant, hereby grant permission to the City to use, for promotional purposes, photographs and video images taken of Participant and/or me while participating in this Program. In the event that the Participant is injured and I cannot be contacted, I hereby give permission to the physician or medical personnel selected by the City staff or volunteers to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat the Participant, and I authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

Parent/Guardian's Name (Please Print) _____ Date _____

Parent/Guardian's Name (Signature) _____ Date _____