

Youth Soccer Registration - Spring 2025



AGES: Pre-K through 8th grade - Boys and Girls
Must be 4 years old by March 31st, 2025.

REGISTRATION February 25th - March 31st

TIMING: Registrations will not be accepted after March 31st.

PRACTICES: Practices start Tuesday, April 10th

GAMES: Games start Thursday, April 17th
All games will be on Thursdays. We will play six games.

COST: Members: \$35.00
Non-Members: \$55.00
20% discount available through March 10th

Player's Name: _____ Grade: _____

Birth Date _____ Age _____ Male / Female
(Circle One)

Shirt Size Youth / Adult S M L XL
(Circle One) Other: _____

Parent's Name: _____

Cell # _____ E-mail: _____

Address Street: _____

City: _____ Zip: _____

Additional notes: _____

Volunteers are an essential part of any non-profit organization. Your participation helps to ensure the success of our programs. Please write your information below if you are able to assist. Include a phone number if different from above. All volunteers will be subject to a background check.

Name: _____ Coach / Assistant Coach / Other: _____ Shirt Size: _____

WAIVER MUST BE SIGNED FOR REGISTRATION TO BE VALID:

I agree that the Community Wellness Center (including but not limited to its staff, officers, members, or volunteers) shall not be liable for any injury or loss my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of the Wellness Center. We agree to indemnity and to hold harmless the Wellness Center of any claim whatsoever. I further understand and agree that any insurance coverage provided by the Wellness Center shall be secondary and supplemental to any other insurance I have. I assume all risks and hazards incidental thereto including transportation to and from activities.

Signature: _____ Date: _____

I give permission for emergency medical treatment for illness or accident if such a problem arises.

Signature: _____ Date: _____

PICTURE USE: My child's photo may be used in the publications of the Community Wellness Center including but not limited to: newsletters, advertisements, and website. Leave unsigned if your child's photo may not be used in publications.

Signature: _____ Date: _____



574-946-4150

Office Use:

Amount Paid: _____ Date: _____ Staff: _____

Registration is also available online at www.winamacwellness.com