



# 2021 City of Wells Youth Soccer Program



The City of Wells Park & Recreation Department hopes that the participation of you and your family in summer soccer will be a positive experience for all. This program is offered for all youth in the USC communities completing (2020-2021 school year) **Pre-K – Grade 8** who want to play soccer, regardless of ability. Your input into the program is important and we welcome your comments.

- The Season will start approx. the week of July 19th & run approximately 6 weeks (Aug 25<sup>th</sup>).
- Games are played Mondays & Wednesdays beginning at 6:00 PM & last about an hour.
- Games consist of 4 quarters 5-15 minutes long, depending on the age group.
- All players must wear shin guards. Cleats must NOT have a toe cleat.
- Registration forms must be received by **June 25<sup>th</sup> - NO LATE REGISTRATION.**
- Coaches & Referees are needed, experience NOT required. If you are interested in helping the soccer program by coaching or being a referee, please contact **JESSE MORGAN 507-438-9377.**

The **Registration Deadline** to get your player form & fee of \$20.00 sent in is **June 25<sup>th</sup>.**  
**Mass registration is May 8<sup>th</sup> 8am-Noon at City Hall**  
or drop off during regular business hours.

-----  
(Return this portion to City Hall)

## 2021 City of Wells Park & Rec Soccer Sign Up

The Fee for Soccer is \$20.00 (no refunds)

**Circle Your Child's grade completed:** Pre-K Kindergarten 1 2 3 4 5 6 7 8

\_\_\_\_\_ M F \_\_\_\_\_  
Name Parent/Guardian Name

\_\_\_\_\_ Phone Number Email Address  
Address

**Are You Willing to Help Coach? Y N**

**NAME** \_\_\_\_\_

\_\_\_\_\_ Phone Number Email Address  
Mailing Address

### PARENTAL CONSENT FORM

I give permission for my child \_\_\_\_\_ to participate in the City of Wells soccer program and agree to release any and all persons supervising and assisting in the program from any liability for injuries that my child may sustain while participating in the program. I also understand that I will assume all financial responsibility for any medical expenses that may be required to treat injuries sustained while participating in this activity. In the event that I am unable to be contacted, I hereby give permission to provide emergency first aid and/or medical care for my child.

In case of emergency, please notify \_\_\_\_\_  
(Name) (Phone Number)

Parent's Signature \_\_\_\_\_