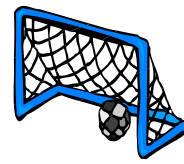




2019 City of Wells Youth Soccer Program



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 (2018-2019 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 22nd & run approximately 6 weeks.
- Games are played Tuesdays & Wednesdays beginning at 6:30 PM & last about an hour.
- Games consist of 4 quarters 5-15 minutes long, depending on the age group.
- Shirts will be provided for all players.
- All players must wear shin guards. Cleats must NOT have a toe cleat.
- Registration forms must be received by June 24th.
- 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 24th**. After June 24th late fees will be assessed as follows: \$45.00. (\$25 late fee plus the \$20 registration fee)

MASS REGISTRATION IS APRIL 27th – CITY HALL BASEMENT 9 a.m. - noon

(Return this portion to City Hall)

2019 City of Wells Park & Rec Soccer Sign Up

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

****Circle the Shirt size:**

Adult: S M L XL Youth: S M L XL

Circle Your Child's grade completed:

Pre-K Kindergarten 1 2 3 4 5 6 7 8

_____ M F
Name

Parent/Guardian Name

Address

Phone Number

Email Address

Are You Willing to Help Coach? Y N

_____ Name

Mailing Address

Phone Number

Email 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 _____