2014 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 completing 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 the week of July 28th & run approximately 6 weeks.
- Practices may be held the week of July 21st.
- 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 23rd.
- Coaches & Referees are needed, experience NOT required. If you are interested in helping the soccer program by coaching or being a referee, please contact City Hall @ 553-6371.

The Registration Deadline to get your player form & fee of $20.00 sent in is June 23rd.
After June 23rd late fees will be assessed as follows: $45.00. ($25 late fee plus the $20 registration fee)

MASS REGISTRATION IS APRIL 26TH AT THE WELLS COMMUNITY CENTER FROM 9 a.m. - noon

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(Return this portion to City Hall)

2014 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 Age Parent/Guardian Name

_____ _____ _____
Address Phone Number Email Address

Are You Willing to Help Coach??? (yes) (no)

_____ Is This Your First Time Coaching Soccer?
Name YES NO

_____ _____ _____
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 _____