



**Wallace County Recreation Department**  
**Youth Soccer 2024 Registration Form**  
**Grades K - 5**

- Cost per youth \$15
- Practices on Thursdays @ 4:30pm: April 4,11,18,25
- Games on Saturday mornings: April 13,20,27, start times TBD
- All practices/games will take place at the WCHS football field, except for April 27th in Goodland @ Northwest Tech College field

**Please submit this form and your payment to Wallace County Rec (locked drop box outside), by THURSDAY MARCH 28th in order for your child to**

Childs name: \_\_\_\_\_

Parents Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Phone No: \_\_\_\_\_

***(text communication will be sent out regularly to notify you of schedule updates)***

Child's Grade & Age: \_\_\_\_\_

Does your child have any medical problems coaches should be made aware of? \_\_\_\_yes \_\_\_\_no

If yes, please explain: \_\_\_\_\_

**I authorize my child to participate in the 2024 Wallace County Rec Soccer**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Would you be interested in **helping with soccer (scorekeeping,coaching,referee)?** If so, write your name and contact info below.

Name	Phone/email	Age group/ boys or girls
------	-------------	--------------------------

We the parent(s) of the above named minor, who is participating in a Wallace County Recreation Department activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further hereby release, absolve, indemnify, and hold harmless the Wallace County, Wallace County Recreation Department, the employees, the organizers, volunteers, sponsors, and the supervisors, and/or all of them.

In case of injury to my/our child, I/We hereby waive all claims against the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. The undersigned specifically acknowledge that the risk of injury exists and assume the risk with respect to practicing for or participating in any contact exhibition or an athletic or sports matter sponsored by the Wallace County Recreation Department.

I DO \_\_\_\_ DO NOT \_\_\_\_ give permission to Wallace County Recreation Department to use photographs and video taken of the above listed minor during the games and events associated with the Wallace County Recreation Department in any manner to help promote the department's activities.

**Initials** \_\_\_\_\_