



## 2024 WNSL Indoor Fall Soccer Registration Deadline: September 23rd



Player Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Player's Gender: \_\_\_\_\_ Player's Date of Birth: \_\_\_\_\_ Age on Jan. 1, 2025: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E – Mail Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ School: \_\_\_\_\_

What Area of Town Do You Live in? (i.e. Green Hills, Bellevue) \_\_\_\_\_

Coach Preference (Full Name): \_\_\_\_\_

Is Your Player Listed on the Roster This Coach Will Submit to the League? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_ List

Any Teammate Requests Here: \_\_\_\_\_

Years playing organized soccer? \_\_\_\_\_ Preferred Competition Level? Recreational \_\_\_\_\_ Mid \_\_\_\_\_ Competitive \_\_\_\_\_

**Circle Preferred Jersey Size (If you are in between sizes, order up.)**

YS(6--8)      YM(10--12)      YL(14--16)      AS(30--32)      AM (34--36)      AL (36--38)      AXL(40--42)

**Volunteer Information:**

I am willing to volunteer in this league as a: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

Contact information if different from above (Name, E-Mail, etc.): \_\_\_\_\_

**Agreement:**

- I hereby certify that my child is in normal health and capable of safe participation in the WNSL Indoor Soccer Program. I assume all risk and hazards incidental to the conduct of this program. I hereby authorize the WNSL to obtain medical treatment for my child if the parent(s) cannot be reached.
- I support the WNSL philosophy based on character development, participation, fun, skill development, team work, fair play, family involvement and growth in spirit, mind & body.
- I will read and follow the WNSL's code of conduct online at [www.wnsl.org](http://www.wnsl.org)
- I understand the league fee covers a variety of items for the regular season only. Tournaments are additional.
- I acknowledge that if I choose to withdraw my child from the league there will be NO refunds and the fee can be transferred to another sport. After October 2nd, NO refunds or transfer of fees will be allowed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**League Fees if Registering By Mail:**

Pre-K through Kindergarten - \$160 per player  
1st Grade through 9th Grade - \$180 per player

Total Amount Enclosed: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

To complete your registration, please mail this form along with a check for the correct amount listed above (plus clinic and/or sponsorship if you selected those options) to:

**WNSL, P.O. Box 50710, Nashville, TN 37205**

