



2024 WNSL Winter Indoor Soccer Registration Deadline: December 4th



Player Name: _____ Parent/Guardian Name: _____
Player's Gender: _____ Player's Date of Birth: _____ Age on Jan. 1, 2024: _____
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)
Circle Preferred Shorts 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)
_____ My player played 2022 Late Fall Soccer and Does Not Need a New Uniform (Subtract \$15 from Registration Total)

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
- 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 4th, NO refunds or transfer of fees will be allowed.

Signature of Parent/Guardian: _____ Date: _____

League Fees if Registering By Mail:

Pre-K through Kindergarten - \$150 per player
1st Grade through 9th Grade - \$170 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

