



**2025 WNSL Indoor Fall Soccer
Registration Deadline: September 22nd**



Player Name: _____ Parent/Guardian Name: _____

Player's Gender: _____ Player's Date of Birth: _____ Age on Jan. 1, 2026: _____

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
- 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 - \$170 per player
1st Grade through 9th Grade - \$190 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

