



City of Waco Parks and Recreation

Youth SUMMER FUTSAL

(Indoor Soccer)

**AGE: 3-4U, 5-6U, 7-10U, 11-13U,
14-16 & HIGH SCHOOL DIVISION**

REGISTRATION: APRIL 28, 2025 – MAY 23, 2025

INDIVIDUAL REGISTRATION FEE: \$50.00 PER PLAYER

LATE REGISTRATION: MAY 26, 2025 - MAY 30, 2025

LATE INDIVIDUAL REGISTRATION FEE: \$60.00 PER PLAYER

MANGERS'S MEETING: 6:00 PM TUESDAY, JUNE 4, 2025

LOCATION: DEWEY COMMUNITY CENTER

GAMES PLAYED AT CITY OF WACO COMMUNITY CENTERS

**LEAGUE BEGINS: TUESDAY, JUNE 17, 2025
8 GAMES + PLAYOFFS**

REQUIREMENTS: AN OFFICIAL TEAM ROSTER WITH SIGNATURES AND A LEAGUE REGISTRATION FORM MUST BE TURNED INTO THE ATHLETIC OFFICE PRIOR TO THE START OF SEASON. NO TEAM WILL BE ALLOWED TO COMPETE IN ANY CITY OF WACO ATHLETIC PROGRAM WITHOUT THE ABOVE INFORMATION ON FILE AND ALL FEES SETTLED.

**UPDATES AND LEAGUE INFORMATION CAN BE FOUND AT
[HTTP://WWW.TEAMSIDELINE.COM/WACO](http://www.teamsideline.com/waco)**

**CITY OF WACO PARKS AND RECREATION ATHLETICS OFFICE
3113 CLAY AVE. WACO, TEXAS 76711
OFFICE HOURS: MONDAY- FRIDAY 8:30 AM- 4:30PM
OFFICE PHONE: (254) 750-5875
EMAIL: ATHLETICS@WACOTX.GOV
WEBSITE: [TEAMSIDELINE.COM/WACO](http://www.teamsideline.com/waco)**



**2025 City of Waco
Youth Summer Futsal League
PARENTAL CONSENT AND RELEASE**

Child's Name (Legal): _____ Date of Birth: _____
Child's Preferred Name: _____ Child's Gender: Male Female
Child's Shirt Size (circle one): **YOUTH:** XS S M L **ADULT:** S M L XL 2XL 3XL 4XL
Parent(s)/Legal Guardian(s) Name(s): _____
Address: _____ City: _____ Zip Code: _____
Telephone Number(s): _____ Email: _____

I, the undersigned, hereby release and hold harmless the City of Waco, Texas, its officers, and employees, from all liability in connection with the City of Waco Youth Summer Futsal League which will be held at City of Waco Community Centers.

This is to release the City of Waco, Texas, its officers, and employees from any responsibility for any loss, delay, injury, or damage with respect to the above-designated minor or his/her property, however arising or caused.

I therefore understand that the City of Waco, Texas, has acted as an agent for me the undersigned in providing equipment and training for the above-designated minor in conjunction with the above-stated program/activity, and that the City of Waco is not to be held responsible for any act, error, omission, or incident involving the above-designated minor during the time he/she is participating in the program or activity and that the undersigned hereby discharges the City of Waco, its officers and employees, from any and all future liability which may be caused or arise, whether arising from the negligence of any City of Waco officer or employee or the negligence of any third party, whether or not connected with or contracted with by the City of Waco in connection with the program or activity. By signature herein, I also grant to the City of Waco permission to obtain emergency medical care if necessary.

Signed (Parent or Legal Guardian): _____
Date: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name: _____
Relationship: _____
Home/Cell phone: _____ Business phone: _____
Address: _____ City: _____ Zip Code: _____
Doctor's Name: _____ Office Phone: _____
Doctor's Address: _____