



City of Waco Parks and Recreation

# Youth FALL FUTSAL LEAGUE

**Registration: September 15–October 10, 2025**

**Individual Registration Fee: \$50**

**Late Registration: October 13–October 17, 2025**

**Late Individual Registration Fee: \$60**

**Managers Meeting: 6:00 pm Wednesday, October 22, 2025**

**Location: Dewey Community Center**

**AGE: 4U, 6U, 8U, 10U, 12U, 14U & HIGH SCHOOL DIVISION**

**LEAGUE BEGINS: SATURDAY,  
NOVEMBER 1, 2025**

**8 GAME SEASON**

**LOCATION: CITY OF WACO COMMUNITY CENTERS**

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](mailto:ATHLETICS@WACOTX.GOV)  
WEBSITE: [TEAMSIDELINE.COM/WACO](http://TEAMSIDELINE.COM/WACO)



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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt size: (circle one) YXS YS YM YL AS AM AL

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 any and all liability in connection with the 2025 Fall Youth Futsal League which will be held at Dewey Community Center in the City of Waco.**

**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 phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

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

Doctor's name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_  
For Athletics Office Use Only:

- ☐ Birth Certificate  
☐ Spreadsheet