



CITY OF WACO PARKS AND RECREATION



FALL

# HIGH SCHOOL SOCCER

**MEN'S/WOMEN'S/COED**

**10 PLAYER ROSTER (15 MAX)**

**AGE: 14-18**

**REGISTRATION: AUGUST 11, 2025 – SEPTEMBER 12, 2025**

**INDIVIDUAL REGISTRATION FEE: \$45.00 PER PLAYER**

**LATE REGISTRATION: SEPTEMBER 15, 2025 - SEPTEMBER 19, 2025**

**LATE INDIVIDUAL REGISTRATION FEE: \$55.00 PER PLAYER.**

**MANAGERS'S MEETING: 6:00 PM TUESDAY, SEPTEMBER 23, 2025**

**LOCATION: HART-PATTERSON TRACK & FIELD COMPLEX (3113 CLAY AVE.)**

**GAMES PLAYED AT CITY OF WACO ATHLETIC FIELDS**

**LEAGUE BEGINS: TUESDAY, SEPTEMBER 30, 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](mailto:ATHLETICS@WACOTX.GOV)

WEBSITE: [TEAMSIDELINE.COM/WACO](http://TEAMSIDELINE.COM/WACO)



# 2025 HIGH SCHOOL FALL SOCCER

**TEAM NAME:** \_\_\_\_\_

**MANAGER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ASST. MANAGER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**LEAGUE:** ☐ **7 V 7 BOYS OPEN**  
☐ **7 V 7 GIRLS OPEN**  
☐ **7 V 7 COED OPEN**



## 2025 FALL HIGH SCHOOL SOCCER 7V7 LEAGUE PARENTAL CONSENT AND RELEASE

Player's Name: \_\_\_\_\_ (Please Check One) Boy's \_\_\_\_\_ Girl's \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Team Name: \_\_\_\_\_

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 7v7 Fall High School Soccer League which will be held at City of Waco Athletic Fields in Waco, Texas.

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 Signature)

Date: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name: \_\_\_\_\_

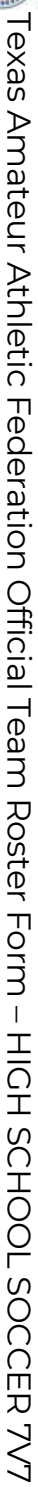
Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

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

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

- ☐ Birth Certificate
- ☐ Spreadsheet



NOTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.

[illegible]

\*PU=Pickup player  
TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type)	Signature of Team Manager	Email address	Date
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Manager's Address (Print or type)	Home Phone
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City	Zip	Business Phone	Signature of local T.A.A.F. Representative	Signature of Region Director or Region

Signature of local T.A.A.F. Representative	Signature of Region Director or Region Tournament Director (if applicable)