



CITY OF WACO PARKS AND RECREATION



SPRING

HIGH SCHOOL SOCCER

MEN'S/WOMEN'S/COED

12 PLAYER ROSTER (15 MAX)

AGE: 14-18

REGISTRATION: MARCH 17, 2025 – APRIL 11, 2025

INDIVIDUAL REGISTRATION FEE: \$45.00 PER PLAYER

LATE REGISTRATION: APRIL 14, 2025 - APRIL 18, 2025

LATE INDIVIDUAL REGISTRATION FEE: \$55.00 PER PLAYER.

MANGERS'S MEETING: 7:00 PM WEDNESDAY, APRIL 23, 2025

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

GAMES PLAYED AT CITY OF WACO ATHLETIC FIELDS

**LEAGUE BEGINS: TUESDAY, APRIL 29, 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



2025 HIGH SCHOOL SPRING SOCCER

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

ASST. MANAGER: _____ **PHONE:** _____

- LEAGUE:**
- 7 V 7 MEN'S OPEN**
 - 7 V 7 WOMEN'S OPEN**
 - 7 V 7 COED OPEN**



2025 SPRING 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 Spring 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



Texas Amateur Athletic Federation Official Team Roster Form – HIGH SCHOOL SOCCER 7V7

Region _____ City _____ Sport _____ Division _____ Team Name _____

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

1.	Print or Type Player's Name	Player's Signature	Bona fide Residence (Street, City, State, Zip))	phone	Texas Drivers Lic or Picture ID#
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*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 _____
Manager's Address (Print or type) _____ Home Phone _____
City _____ Zip _____ Business Phone _____
Signature of local T.A.A.F. Representative _____ Signature of Region Director or Region Tournament Director (if applicable) _____