



2021 Fall Soccer Registration

Registration for 2021 Youth Soccer Leagues is open from July 12 through August 16, 2021 with registration fees of \$65.00 per child. Late registration is open from August 17 through August 20, 2021; registration fees increase \$10.00 during late registration and late registration is only available at the Village Office (not online). Team and coach placements will be made in late August or early September, with practices taking place September 8 through September 17, 2021 and games taking place on Saturdays, September 18 through October 23, 2021. Sign up online at uniongrove.net/rec or by submitting this form with registration fee to the Union Grove Village Offices, 925 15th Ave. Normal office hours are Monday-Friday 8 a.m. to 4:30 p.m. Registrations and payment (check only) can also be mailed to Village of Union Grove, 925 15th Ave., Union Grove, WI 53182. For questions, contact Ryan Thompson at (262) 902-7917.

Section A. Co-Ed Divisions Selection (based on grade level last completed):

Pre-K and Kindergarten 1st and 2nd Grade 3rd and 4th Grade 5th and 6th Grade

Section B. Participant Information:

Name: _____ Parent Name: _____

Age: _____ Grade Last Completed: _____ Gender: _____ Phone: _____

Address: _____ City: _____

Date of Birth: _____ School: _____

E-mail Address: _____

Team Played on Last Year (If Applicable): _____

Shirt Size (Check One): YS YM YL Adult-S Adult-M Adult-L Adult-XL

Any Special Requests: _____

Section C. Coaching (Optional)

Interested in making a difference in the lives of children in the community? Please consider coaching a team! Attendance is also required at a coaches meeting before the season.

I would like to serve as (check one or both): Head Coach Assistant Coach

Coach E-mail: _____ Preferred Phone: _____

Coach Shirt Size (Check One): Adult-S Adult-M Adult-L Adult-XL

Section D. Agreement and Signature

By signing this form, I agree to register my child for this recreation program. I understand the program is offered on a voluntary basis to provide recreation activities for children in the area. I know that transportation is my responsibility. I understand I am responsible for injuries or illness associated with this program. I also understand the refunds policy: Refunds will be made upon request of a registered participant (or parent/guardian) up until the start date of the scheduled program. A \$5.00 service fee will be charged on all refunds provided. In the event a program is canceled, registered participants will be notified and will receive a full refund.

Parent/Guardian Signature: _____ Date: _____

This Section for Office Use Only:

Date Filed: _____ Amount Paid: _____ Cash: _____ Check #: _____ Received by: _____