

Northeast Indiana Soccer 2025 Registration Form



Name: _____ Birth Date: ____/____/____ Age as of 8/1/25: _____

Street Address: _____ Phone: _____

City: _____ Male: _____ Female: _____

Mailing Address (if different): _____

E-mail Address: _____

T-shirt Size: YS (6-8)____ YM (10-12)____ YL (14-16)____
 AS (30-32)____ AM (34-36)____ AL (38-40)____ AXL (42-44)____

Grade as of Fall 2025: _____

Expected Teams: **U6** Under 6 (approx. pre-K – K, ages 4-5) _____

(U8 = under 8 only **U8** Under 8 (approx. grade 1 – 2, ages 6-7) _____

i.e. an 8 yr. old would be in U10) **U10** Under 10 (approx. Grades 3 – 4, ages 8-9) _____

U14 Under 14 (approx. Grades 5 and up) _____

of Years Experience in playing soccer (none required) _____

Parent/Guardian: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Health Insurance Company: _____ Work Phone: _____

Emergency Contacts: _____ Phone: _____

 Phone: _____

Preferred Physician: _____ Phone: _____

Preferred Hospital: _____

List of any Allergies: _____

List any medications being taken: _____

Other Pertinent Medical Information: _____

In the case of severe sickness or injury, I hereby give my consent to the Northeast Indiana Soccer, or volunteers in charge of the event, to provide emergency care through a hospital, physician, or EMS for the player named above.

I also release the Prairie Heights School Corporation, Northeast Indiana Soccer, officers, coaches, and/or volunteers in charge from any liability or claims arising out of personal injury, loss of service or death of the above named player.

Parent/Guardian Signature: _____ Date: _____

Would parent(s) be interested in coaching or assisting a team? Father____ Mother____ Both____

**WE MUST HAVE YOUR SIGNATURE FOR THE MEDICAL RELEASE
OR YOUR CHILD WILL NOT BE ALLOWED TO PLAY.**

Mail form to:
Northeast
Indiana Soccer
6567 S 725 W
Pleasant Lake
IN 46779
Sign-Up is \$35/player
Maximum of
\$85/family
Make checks payable
to: Northeast Indiana
Soccer