(Please write your FAMILY name.)

Fall 2025 Home School Soccer Season at Riverside Athletic Complex

610 Druw Cameron Drive, Woodstock GA 30188

from 1:00-3:00 pm on Thursdays, September 4th through November 7th, 2025.

We will NOT meet on September 25, 2025 (HSSL Fall Break.)

Dates are subject to change. Registered participants will be notified of any changes via e-mail.

Volunteer Here!

Home School Soccer is a non-profit cooperative run by parent/older sibling volunteers!

All children of Head Coaches and up to 2 children of Assistant Coaches who commit to and fulfill the full 8 week program, are reimbursed the Player Fee (minus any t-shirt fees.) (Remaining children of assistant te on.

Head Coach			Assistant Coach			
I prefer to co ience is not required. A deper e note: We will call you reg aware that if you do not fulf re	ndable pare arding ope ill your com	n position nmitment,	s that might	t fit your s is short s	skill level / in	terest. A
ter Here						
layer Fees for the season are			dren a 50% d eeded, T-shir			r the 4th a
Fees are reduced to \$	80 for regist	rations rec	eived or pos	t-marked I	ov May 31, 20)25.
(Full player fees must be pa		Reimburse	ments are pa	aid at the <u>e</u>	end of the sea	ason.)
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No registrations will be acce All mailed forms and paym	pted after Onent MUST be Birth	Reimburse n-field reg oe postma	ments are pa gistration, TI arked by the Shirt Size (YXS, YS, YM,	aid at the enursday F On-field Shirt Cost	end of the sea ebruary 6th, Registration Player Fee \$80 each	ason.) 2025. date 2/6 /
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Form of Payment:	☐ Check #	☐ PayPal	☐ Zelle	☐ Cash	Amount: \$_	
Please mail both	completed and <u>sig</u> r	<u>ned</u> pages,				
along with checks	s to:		Zelle Paym	ents:		
Home School Socce	<mark>r League</mark>		hsslwoodsto	ck@gmail.com		
P O Box 597			PayPal Payments (preferred):			
Woodstock, GA 3018	88-059 <mark>7</mark>		@HSSLW	oodstock		

Additional Notes:

(Please write your FAMILY name.)

Parents: Note below any concerns for coaches to be aware of, i.e., asthma, allergies, etc.

<u>WAIVER</u>	
I, the undersigned parent/guardian of	
whose birthday(s) is/are, realize that r	my
child(ren) is/are participating in Home School Soccer at their own risk.	
I assume all responsibility for my child(ren), including, but not limited to, all medical bills and/or other exper	nses
that might result from any injury or damages to my child(ren). I will not hold any of the organizers, coaches	s,
volunteers, or players of Home School Soccer responsible for any injuries or damages.	
I also acknowledge that Home School Soccer exists and operates, in large part, due to the efforts of our	
coaches and other volunteers. As a parent, I will instruct my child(ren) to be respectful to and cooperate with	ith
these coaches/volunteers. Further, I understand that Home School Soccer reserves the right to implement	Ė
disciplinary action or even to disallow participation in soccer play with no refund, due to disrespectful behavior	vior
toward staff, volunteers, or other players.	
BY SIGNING THIS FORM, I ATTEST THAT I HAVE READ AND UNDERSTAND THE WAIVER/STATEMENT OF AGREEMENT AND FULLY COMPLY WITH ALL ITS CLAUSES.	
Signature of Parent/Guardian Date Printed name of Parent/Guardian (This Waiver MUST be signed for your child(ren) to participate.)	
Mailing Address (required)	
Be aware that we use our email and an automated CALLING POST messaging system for alerts regarding rain cancellation notices, etc.	
Email Address	
(Please print clearly; by doing so you agree to receive e-mails from HSSL.)	
Phone number(s) Cell #	
(Please circle which phone number you'd like us to use for the Calling Post.)	
During soccer I will be at the field with my child who is age:	
Home School Soccer is a non-profit , parent-run cooperative.	