



## HAMPTON YOUTH SOCCER- 2025

**Grades KPrep-8th** (no preschool - must be 5 years old by September 15th)

**Online form available at:** [hamptonyouthsoccer.com](http://hamptonyouthsoccer.com)

Paper forms including registration fees can be mailed to:

Hampton Youth Soccer, P.O. Box 594, Hampton, IA 50441. Make checks payable to Hampton Youth Soccer.

Payment for fees can also be made via Venmo (hamptonyouthsoccer) or Paypal (payments@hamptonyouthsoccer.com)

**All registrations must be received by July 13th. NO REGISTRATIONS WILL BE ACCEPTED AFTER THIS DATE.**

**COST:** **\$35** for the first player, **\$20** for each additional player in the same family  
Each participant receives a jersey.

**PRACTICES:** Practice times are at the coaches discretion and conflicts will need to be addressed with the participant's coach.

**GAMES:** Schedules will be determined following selection of teams.

For any questions email [board@HamptonYouthSoccer.com](mailto:board@HamptonYouthSoccer.com) or call Nathan Pralle 641-583-5258 or Joslyn Stock 641-425-7095.  
Follow the Hampton Youth Soccer Facebook page for updates and weather announcements.

*Please fill out and return the form below with fees by July 13<sup>th</sup>*

Player Name (first & last): \_\_\_\_\_ Grade:(2025-26 school year)\_\_\_\_\_

Birth Date: \_\_\_\_\_ Brother(s)/Sister(s) Participating: \_\_\_\_\_

Player's Mobile Phone (if ok to call/message): \_\_\_\_\_

Jersey Size (Circle One)

<b>YOUTH:</b>	<b>Small</b> 6-8	<b>Medium</b> 10-12	<b>Large</b> 14-16	<b>X-Large</b> 18-20
<b>ADULT:</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>X-Large</b>

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Text OK (circle one): **Yes** **No**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Youth Soccer will not succeed without an adequate number of coaches and volunteers. Please sign up! Any parent who head coaches will have their children's participation fee waived as a thank you for coaching.

Coach: **Yes** **No**

Assistant Coach: **Yes** **No**

I give permission for my son/daughter to participate in the Hampton Soccer program. The volunteers assisting in the program will not be held liable in case of any accident or injury that may result because of my son/daughter's participation.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

*The below is for board use only*

Registration received date: \_\_\_\_\_ Check Cash Venmo/PayPal \$ \_\_\_\_\_