

CITY OF IOLA RECREATION – REGISTRATION FORM

2026 SPRING SOCCER PROGRAM

Registration Fee, Jan. 2-Feb. 1, \$30 each player or \$70 per family of 3 or more players.

Late Registration Fee, Feb. 2-17, \$40 each player or \$90 per family of 3 or more players.

Register: at the Recreation Office, 500 Park Ave. (the office is open M-F from 8a-5p), Riverside Park; after hours place forms in the drop box located on the southeast side of the Recreation Building; mail to P.O. Box 308, Iola; or online (24/7) by visiting the recreation page at cityofiola.com. Registration and fees must be turned in by February 16 for players to be eligible to participate.

QUESTIONS: PLEASE CALL 620-365-4990.

Play recreational outdoor soccer on age division teams. Spring Soccer is open to all boys and girls 4 years of age on or by April 1, 2026 through 8th grade. Practice days and times will be scheduled by the team coaches.

4 years old-5th Grade Divisions will play games on Tuesday and/or Thursday evenings at the Davis Athletic Fields, in an Iola league only.

6th-8th Grade will play games on Saturday mornings in Chanute, in a league with Chanute and Humboldt.

Games are tentatively scheduled to begin March 24. Players must provide their own shin guards.

Age Divisions: Must be 4 years old on or by 04/01/26 or Grade currently enrolled in, leagues are co-ed. **Divisions** - 4 Year Olds / 5 Year Olds & Kindergarten / 1st-2nd Grade / 3rd-5th Grade / or 6th-8th Grade

T-Shirt Sizes Available: **Youth** - Small (6-8) ; Medium (10-12) ; Large (14-16) / **Adult** – Small ; Medium ; Large ; X-Large ; 2XL.

*Any registration received after the deadline is not guaranteed to receive a t-shirt.

★ Participant(s) Information: Please Print Legibly.

1: Name _____ Birthdate _____ / _____ / _____ Age _____ Grade _____ Gender: M / F

Circle Shirt Size: **Youth** Sm / Med / Lg / **Adult** Sm / Med / Lg / XL / 2XL. **Circle Age Division:** 4 yr. / 5 yr.-Kind. / 1st-2nd Grd. / 3rd-5th Grd. / 6th-8th Grd.

2: Name _____ Birthdate _____ / _____ / _____ Age _____ Grade _____ Gender: M / F

Circle Shirt Size: **Youth** Sm / Med / Lg / **Adult** Sm / Med / Lg / XL / 2XL. **Circle Age Division:** 4 yr. / 5 yr.-Kind. / 1st-2nd Grd. / 3rd-5th Grd. / 6th-8th Grd.

3: Name _____ Birthdate _____ / _____ / _____ Age _____ Grade _____ Gender: M / F

Circle Shirt Size: **Youth** Sm / Med / Lg / **Adult** Sm / Med / Lg / XL / 2XL. **Circle Age Division:** 4 yr. / 5 yr.-Kind. / 1st-2nd Grd. / 3rd-5th Grd. / 6th-8th Grd.

4: Name _____ Birthdate _____ / _____ / _____ Age _____ Grade _____ Gender: M / F

Circle Shirt Size: **Youth** Sm / Med / Lg / **Adult** Sm / Med / Lg / XL / 2XL. **Circle Age Division:** 4 yr. / 5 yr.-Kind. / 1st-2nd Grd. / 3rd-5th Grd. / 6th-8th Grd.

★ **Main Phone #** _____ **Address** _____ **City** _____ **Zip** _____

*I consent to receive text messages about cancellations and/or registration reminders for recreational activities offered by Iola Recreation. Yes No

Alternate Phone # _____ **Email** _____

Parent/Guardian Name _____ **Emergency Name & Phone** _____

Check Town in which you'd like your player to participate: Iola Moran Colony Y.C.

If there aren't enough players to form a team, would you want to be drafted onto an Iola team? Yes No

-Are you involved in any other activity/sport that might keep you from participating? Yes No

-If yes, please list activities:

-If there is an immediate sibling in the same age division, do they need to play on the same team? Yes No

Any additional requests, not including immediate family members, will not be permitted

-If yes, please provide the name of the sibling:

Please list any medical conditions: _____ Allergies: _____

CANCELLATION POLICY: In the event of a cancellation due to weather conditions, Iola Recreation will post the cancellation on the City of Iola – Recreation Facebook page. Iola Recreation will also contact the head coach of each team, who in turn, should notify the players on their team. **REFUND POLICY:** As deemed necessary the City of Iola Recreation Department may refund fees and cancel any program with insufficient enrollment response. Otherwise, no refunds will be provided! **WAIVER:** I hereby agree to accept all of the risks of injury or accident of the participant named in the above program. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Covid-19, MRSA, Influenza, or other medical conditions or diseases does exist, and it is impossible to eliminate the risk that the participant could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I agree to release the City of Iola, Allen Community College, their employees, agents, representatives, instructors, coaches, officials and all volunteers associated with this program from any liability resulting from any circumstances that may arise in connection with the program. All program participants under the age of 18 years old must have a Parent or Guardian Signature! **PHOTOGRAPHY CONSENT:** I hereby give my consent to the City of Iola Recreation Department to photograph me and use the photograph(s) for informational, educational, promotional, or publicity purposes concerning the city and its services. I understand that the photograph(s) may be used on the city's website or in official city publications or displays, public newspapers, magazines, reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me; the city may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s). I also agree to release the City of Iola, its officers, employees, or agents, from any and all liability arising out of or connected to the use of the photograph(s) as stated above. I have read and understand the foregoing consent, release, and waiver of liability, and voluntarily accept and agree to its terms. **ZERO TOLERANCE POLICY:** All parents, players and coaches are to abide by the rules and policies of the game. We expect all parties to maintain a positive attitude and uphold the ideals of fair play and good sportsmanship behavior. All players, parents, coaches, and spectators are expected to demonstrate appropriate and good sportsmanship behavior before, during and after games, scrimmages, and practices. The City of Iola Recreation Department has adopted a "Zero Tolerance Policy" towards verbal or physical abuse or harassment by anyone involved with this program in any capacity. To participate in our program, all players and their parents, and team coaches are required to agree to and sign this policy.

Parent/Guardian Signature _____ **Date** _____

Please check if you as a parent would be willing to: (Checking one will neither obligate nor guarantee you to this position.)

Head Coach _____, Assistant Coach _____, Name _____, Phone# _____

*If interested in coaching, please stop by the Office & pick up an application. A background check will be completed before selection of coaches.

****Cash, Check or Credit Card Accepted. Please make checks payable to the City of Iola. Credit Card Fees Will Be Applied.**