

Must be signed for your child to play

PARENT/GUARDIAN PLAYER WAIVER:

I certify that this child is in normal health and capable of participation in Youth Soccer. I grant permission for him/her to play and in doing so I hereby release any rights and claims for injuries and damages I may have against the Tipton Recreation Department, its Board of Directors, employees, officials, or coaches. I understand that the Tipton Rec. Dept. does **NOT** carry accident insurance on league participants.

Parent's Signature: _____ Date: _____

Code of Conduct:

In order for participation in our program please read the following and sign.

Sportsmanship is not an option!!

We strongly encourage our parents/spectators to lead by example. Positive and supportive adults create an environment that best helps a child to learn and grow. Please know that disparaging comments will **NOT** be tolerated and will be addressed **very** firmly, with the possibility of your child being kicked off the team with no refund.

Parent's Signature: _____ Date: _____

Note: The above paragraph is a must and will be enforced.

**WIN AND LOSE GRACIOUSLY - - SUPPORT
DON'T CRITICIZE - - RESPECT PLAYERS,
COACHES, REFEREES, AND EACH OTHER**



PRESCHOOL

**SOCCER
REGISTRATION
FALL 2025**

TIPTON REC



PROGRAMS

*Flag Football *Volleyball *Basketball *T-Ball
*Baseball *Softball

*Red Cross Swimming Lessons *Swim Club
Also offering private Swim Lessons for any age

Summer Camps

*Basketball *Tennis *Dance/Cheer *Pickleball *Volleyball *Soccer

visit www.tiptoniowa.org/city/parks_rec.htm

for more information

700 Park Rd, Tipton, Iowa 52772

(563)886-2271

TIPTON YOUTH SOCCER

REGISTRATION DEADLINE:

Friday, September 12

COST:

\$20.00

SEASON:

September 22 – October 21

Coaches Meeting:

Monday, September 15 @ TBD

PLEASE VOLUNTEER:

The Tipton Rec Dept. depends upon volunteers. Our volunteers help the kids to understand the rules, learn the fundamentals of the sport, and most importantly teach sportsmanship. The Rec Dept. will provide training and resource material for planning and conducting practices and games. Without volunteers we could not provide the best program possible for your child. HAVE AN IMPACT! MAKE A DIFFERENCE.

PRACTICES:

Practices will be set up by the coaches at the coaches meeting. **Your coach will contact you for your first practice after September 19.** Basic skills are taught with an emphasis on teamwork & fair play.

GAMES:

The season will consist of 4 games being played on Tuesdays. Practices and games will be on the outfield of the lower diamond by main entrance (Plum St.) at Tipton Park.

Visit www.tiptoniowa.org for more information

SOCCER REGISTRATION

Fall 2025

ONE CHILD PER FORM

www.tiptoniowa.org

(Please fill in the information according to the 2025-2026 school year)

Player's Name: _____

Address: _____

City: _____ School Attending: _____

Zip: _____ Gender: M F Age: _____ Grade: _____

Parents Name(s): _____

Phone: _____ Cell: _____

E-mail: _____@_____

PARENT INVOLVEMENT: Our kids need your help!

Name: _____ ☐ Coach ☐ Asst. Coach

Shirt Size: YS YM YL AS AM AL AXL

**If coaching choose a shirt size for yourself

Please Circle one: Beginner Average Advanced

Method of payment: Cash Check Credit Card

****Make checks payable to: Tipton Recreation****

Name on Card: _____ Exp. Date: ____ / ____

____ - ____ - ____

CVC: ____ - ____ - ____

****Signatures REQUIRED on back****

For office use only:

Date: _____ Initial: _____

Pymt: \$ _____ Ck # _____ Cash CC