

## **ELLSWORTH RECREATION DEPARTMENT YOUTH SOCCER LEAGUE**

*The Ellsworth Recreation Department is dedicated to building and enhancing the mental and physical health, happiness, and well-being of the youth, adults, and families in our community by promoting social interaction and productive use of leisure time. We take an active approach to the development and enhancement of youth and adult programs while striving to be the leader in our community by providing health and wellness opportunities to all.*

**PROGRAM INFORMATION:** Youth soccer is offered for boys and girls 4 – 13 as of March 1, 2026. Leagues will be divided according by their age, 4-6, 7-9, 10-13. For more information please call the **Ellsworth Recreation Department at 785-472-4123.**

**REGISTRATION INFORMATION:** *Register online or forms can be found on the city website and at the Recreation Center.* Registration Deadline is Friday, February 20th. Registration fee is \$35.00 for first child and \$30.00 for each additional child. After February 21, registrations will be accepted if participant numbers are low. A \$5.00 late fee will be charged. **Make Checks payable to City of Ellsworth. Forms with payment can be mailed to PO BOX 163, Ellsworth KS or turned in to the Ellsworth Health and Recreation Center (221 W. Douglas Ave).**

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**EQUIPMENT:** Teams will be provided with soccer balls but players need to provide their own shin guards.

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### **2026 YOUTH SOCCER LEAGUE**

Name of Participant: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Age/Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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## **NATIONAL STANDARDS FOR YOUTH SPORTS**

**#1 PROPER SPORTS ENVIRONMENT**- Parents must consider and carefully choose the proper sports environment for their child, including the appropriate age and development for participation, the type of sport, the rules of the sport, the age range of the participants, and the proper level of physical and emotional stress.

**#2 PROGRAMS BASED ON THE WELL-BEING OF CHILDREN**- Parents must select youth sports programs that are developed and organized to enhance the emotional, physical, social and educational well-being of children.

**#3 DRUG, TOBACCO & ALCOHOL-FREE ENVIRONMENT**- Parents must encourage a drug, tobacco and alcohol-free environment for their children.

**#4 PART OF A CHILD'S LIFE**- Parents must recognize that youth sports are only a part of a child's life.

**#5 TRAINING**- Parents must insist that coaches are trained and certified.

**#6 PARENT'S ACTIVE ROLE**- Parents must make a serious effort to take an active role in the youth sports experience of their child providing positive support as a spectator, coach, league administrator and/or caring parent.

**#7 POSITIVE ROLE MODELS**- Parents must provide positive role models, exhibiting sportsmanlike behavior at games, practices, and home while also giving positive reinforcement to their child and support to their child's coaches.

**#8 PARENTAL COMMITMENT**- Parents must demonstrate their commitment to their child's youth sports experience by annually signing the Parents Code of Ethics Pledge.

**#9 SAFE PLAYING SITUATIONS**- Parents must insist on safe playing facilities, healthful playing situations, and proper first aid applications, should the need arise.

**#10 EQUAL PLAY OPPURTUNITY**-Parents, coaches, and league administrators must provide equal sports play opportunity for all youth regardless of race, creed, sex, economic status or ability.

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Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I am interested in coaching a team.**

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

## ELLSWORTH RECREATION DEPARTMENT YOUTH SOCCER LEAGUE

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### 2026 YOUTH SOCCER LEAGUE

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Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Age/Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**(Please complete the reverse side.)**

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**I am interested in coaching a team.**

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

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