HILLSBORO, ILLINOIS

447 South Main Street
Hillsboro, IL 62049
(217) 532-5566

Soccer contract for the 2026 season.

One contract per child

Child's Name: _____ Date of Birth:_____ Male / Female

E-mail: _____ Phone: _____

Parents(s) Name:_____

PLEASE BE SURE TO READ AND FILL IN ALL OF THE FOLLOWING INFORMATION IN ORDER FOR YOUR CHILD TO BE PLACED ON THE PROPER TEAM. THIS LEAGUE GRADES 3rd THROUGH 8TH WILL BE TRAVELING TO SURROUNDING TOWNS.

CHECK PLAYER'S GRADE LEVEL FOR FALL OF 2026: (Please fill out separate contract for **EACH** child)

Co-Ed Kindergarten _____

1st & 2nd Grade Co-Ed_____ Boys 3rd & 4th Grade_____ Girls 3rd & 4th Grade_____

Boys 5th & 6th Grade _____ Girls 5th & 6th Grade_____

Boys: 7th & 8th Grade _____ Girls 7th & 8th Grade _____

Last Fall's Coach: _____ If Brother or Sister is playing, give their name and level for 2025 Season:

_____ _____

Circle Shirt Size:

(Shirts tend to run small, you might want to order your child's shirt one size bigger than normal)

Kid Sizes: S (6-8) M (10-12) L (14-16)

Adult Sizes: Small Medium Large X-Large XXL

ENTRY FEE 2026/2027 School Year: Kindergarten - **$40.00** 1st & 2nd Grade - **$50.00**

3rd & 4th Grade - **$60.00** 5th through 8th Grade - **$70.00**

DEADLINE: **All entry forms and fees MUST be mailed or turned into the City of Hillsboro by Friday, July 10th, 2026. Please make checks payable to the City of Hillsboro and mail or drop off to 447 S. Main St., Hillsboro, IL 62049. Any contracts submitted after July 10, 2026 will be assessed a $10.00 late fee. No contracts will be accepted after Monday, July 17, 2026.**

I/We the parent(s) of the above named candidate, hereby give my/our permission and approval for his/her participation in any and all activities during the current season. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless to the City of Hillsboro, organizers, sponsors, supervisors, officials, and person transporting the above named child, except to the extend and in the amount covered by accident or liability insurance.

SIGNATURE: Parent/Guardian: _____

PLEASE CIRCLE IF YOU ARE INTERESTED IN: _____

Coaching Assistant Coaching Officiating Concessions Other _____

Name & Phone # _____

PAYMENT RECEIVED DATE:_____ **RECEIVED BY:**_____

CASH_____ **CHECK**_____ **MONEY ORDER:**_____