



Clinton Breakfast Optimist Youth Soccer League Fall 2026

For Ages 3 (by 8/23/2026) – 8th Grade (26-27 school year)

*PRINT all information legibly and use a separate registration form for each child. *



Child's Information

Player's First _____ Last Name _____ Gender: Male Female
 Date of Birth _____ **Age (on 8/23/2026) _____ Grade (Fall 2026) _____ Seasons Played Soccer _____
 Player's Physical Address _____ City _____ State _____ Zip _____
 Medical Conditions _____
 Teammate Request _____

Only sibling teammate requests can be guaranteed, all others will be accommodated to the best of our ability

Primary Guardian Contact

First Name: _____
 Last Name: _____
 Phone: _____
 Email: _____

Secondary Guardian Contact (Optional)

First Name: _____
 Last Name: _____
 Phone: _____
 Email: _____

Emergency Contact (other than guardian listed above)

First Name _____ Last Name _____ Phone # _____

I/WE hereby waive all rights and claims against the Clinton Breakfast Optimist, its members and officers and the City of Clinton, arising in or out of participation in the Clinton Optimist Soccer League. This includes all liability that may arise out of negligence or carelessness on the part of the people or entities mentioned above. I have read the entry information provided and certify my compliance by my signature below.

Guardian's Signature _____ Date _____

Volunteer Information: You do not need to be a member of Optimist to volunteer.

WE DESPERATELY NEED COACHES!!

Head coach: 4U 6U 8U 11U 6-8 grade Assistant coach: 4U 6U 8U 11U 6-8 grade
 Concession Stand Worker

Volunteer First Name: _____ Last Name: _____

Contact Phone: _____

Contact Email: _____

Want to help but unable to volunteer? Donate instead: \$10 \$20 \$50 \$100

SEND REGISTRATION FORM and MAKE PAYMENT TO:

Clinton Optimist Club P.O. Box 92, Clinton, IN 47842

Early bird registrations must be post-marked by July 17th, 2026.

Online Registration also available at: <https://www.clintonoptimist.com/soccer>



Scan Me For Online Sign-Up

<p>Uniform (Circle)</p> <p>Youth Sizes: Shirt: YXS YS YM YL</p> <p>Adult Sizes: Shirt: AS AM AL AXL</p>	<p>REGISTRATION FEES</p> <p>Early bird registration is \$40 (Must be post-marked by July 17th, 2026). Regular registration is \$50 (Must be post-marked by July 24th, 2026).</p> <p>Registrations will not be accepted if postmarked after July 24th.</p>	<p>FOR LEAGUE USE ONLY</p> <p>Cash Payment: \$ _____ Check Payment: Check No _____ Credit Card Payment: \$ _____ Scholarship Awarded: \$ _____ TOTAL AMT PAID \$ _____ League Rep Initials: _____</p>
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****Players ages 3-4** will be part of the 4U Program. 4U will do a series of age-appropriate activities during the week and scrimmage games on Sundays (Aug 23rd through Oct. 4th from 1-3 PM with no games on Labor Day weekend September 6th) that will focus on player development and love of the game.

****Players aged 5-11** will have matches at Sportland Park in Clinton on Sunday (Aug. 23rd through Oct. 4th from 1-3 PM with no games on Labor Day weekend Sept. 6th)

****Players 6th- 8th grade** will be on a traveling team that plays in other local IN and IL towns on a variety of days. Players will be placed by grade level first regardless of age to comply with Indiana Soccer Association rules and regulations once they reach 6th grade level.

Weather make-up date is to be determined later if needed.