



Toledo Leprechauns Soccer League

3215 W. Sylvania Ave. Toledo, Ohio 43613

Phone: (419) 473-9490

Fax: (419) 473-9660

www.toledoceltics.com

Session 2 begins on March 1! Sign Up Today!

Session 2 Game Dates: Sun. Mar. 1, Sun. Mar. 8, Sun. Mar. 15, Sun. Mar. 22, Sun. Mar. 29

Game Location: **3835 Airport Hwy., Toledo, OH 43615**

DIV	Grade	One Session
Division 1	2 yrs – Pre-K	\$60.00
Division 2	K – 1	\$60.00
Division 3	2 – 3	\$65.00
Division 4	4 - 5	\$65.00
Division 5	6 – 8	\$70.00

Uniforms are an additional fee of \$25 which includes 2 T-shirts and 1 pair of socks

EXTENDED Registration Deadlines: Monday, February 23

How to Register: Fill out the online form and either by mail or in person turn in your non-refundable registration fee (cash or check, **NO CREDIT CARD**) to our office at 3215 W. Sylvania Ave., Toledo, OH 43613.

*Please note that the indoor sessions include games only.

Player Registration Link

To register, go to our registration site:

OR

Scan this QR Code:



www.toledoceltics.com/playsoccer

Click the Register Online button, fill out the online registration form, and turn in your registration fees to our office!

Liability Waiver

To make certain you understand the risks involved, the waiver recipient named below requires you to sign this waiver before you can participate in Leprechauns Soccer League. Further, you agree that the waiver recipient, along with its officers, trustees, members, managers, employees, and agents, heirs, successors, and assigns is not responsible for any of the following risks:

*injury, death, or loss to self caused by contact with teammates, other players, or the ball itself;

*hazards that may be brought on by the goal posts or soccer equipment;

*hazards or illnesses that may be caused by weather or field conditions;

*the potential of another player or teammate to act in a negligent manner that may contribute to injury;

*injury, death, or loss to self resulting from transportation to and from soccer events, 08-01-25 --- 07-31-26;

*examination or treatment by Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses that may result from unexpected illness or injury;

*any other injury, death, or loss of any kind, like, or nature whatsoever.

This waiver will be interpreted according to Ohio law. To terminate it, you must do so in writing. It can only be amended in writing, when signed by both parties.

By signing this waiver, all participants in this Toledo Leprechauns Soccer League participate at their own risk.

Signature of Participant's Parent/Guardian

Player Name

Parent Phone Number:

Date: