



2009 WINTER SOCCER CLINIC REGISTRATION

Golden Valley Phoenix Soccer Club

Website information available at www.gvphoenixsoccer.org

Golden Valley Phoenix Soccer Club invites players of all skill levels to attend co-ed winter training clinics, to be held on

Sundays: *January 11, 18, 25; February 1, 8, 15, 22; March 1, 2009.*

Sessions will run as follows:

Ages	Time	Gym
5 – 6	12:00 – 1:00pm	A
7 – 8	12:00 – 1:00pm	B
9 – 10	1:00 – 2:00pm	A
11 – 12	1:00 – 2:00pm	B
13 - 14	2:00 – 3:15pm	A & B
15+	3:15 – 4:30pm	A & B

All sessions will be taught by Juan Carlos Cervantes, Coaching Director for Golden Valley Phoenix Soccer and assisted by licensed coaches, depending on numbers. Participants will develop feet dexterity with the ball. Sessions are heavily oriented toward developing ball control. All sessions will end with short sided games and fitness training.

FEE: The cost is only \$75.00 per player for 8 weeks. **Save \$10.00** by getting your registration in by **December 20** and you pay only \$65.00. Drop-in rates are \$15.00 per session. Players must fill out and sign a registration form on the first drop-in date they attend.

REGISTRATIONS: Due December 20, 2008. Please mail completed registration form with payment to Phoenix Soccer, 1416 W 55th St, Minneapolis, MN 55419. Registrations will also be accepted at the door on a first-come, first-serve basis.

LOCATION: Forest Elementary School Gym. 6800 47th Avenue N, [Crystal](#), MN, [55428](#)-8888. Please call (952) 200-1128 for further information.

EQUIPMENT: Players need shin guards, either tennis shoes or indoor soccer shoes, a ball, and a water bottle.

PLEASE COMPLETE ALL INFORMATION

For more information, e-mail us at: cerv0007@msn.com.

Player Information:

Name: _____ DOB: ___/___/___ Grade: _____ GENDER: M / F
(Last) (First) (MI) (Circle One)

Address: _____ School _____
Street City Zip

Parent/Guardian information:

Name: _____ (____) _____ (____) _____

Cell Phone: (____) _____ Parent email: _____

Father/Mother/Guardian 1 (circle) Daytime phone _____ Evening phone _____

Address (if different from above) _____

Medical Insurer _____ Policy Number _____ Policy Holder _____

Physician/HMO/Clinic _____ City/Zip Code _____ Phone (____) _____

Dental Insurer _____ Policy Number _____ Policy Holder _____

Dentist/Clinic _____ City/Zip Code _____ Phone (____) _____

Please list all medical problems, physical limitations or any other circumstances that may affect play or the well-being of your child. (Please also bring these to the attention of your child’s coach, and notify him/her of relevant changes in your child’s health.):

Medications used: _____ Allergies to drugs or medications: _____

Consent for Medical Treatment: As a parent or legal guardian of a participant in USYSA-MYSA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician. This care may be give under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature: _____ Relationship: _____ Date: _____

Release: I hereby release and hold harmless the Golden Valley Phoenix Soccer Club (Club), its directors, officers, coaches, and other persons associated with the Club, from any liability for injury to my child or damages resulting from any Club related activities including, without limitation, practices, games, and travel to and from games. Further, I grant permission for my child’s name and contact information to be placed on a roster that may be distributed to team members and their parents/guardians as it relates to calling trees, treat schedules, and other team-related communications. I also grant permission for any photos taken at soccer events to be posted to the club website & other promotional media.

Signature: _____ Relationship: _____ Date: _____