



WINTER 2010 SOCCER SKILLS CLINIC

Golden Valley Phoenix Soccer Club

Saturdays: January 9, 16, 23*, 30 February 13, 20, 27*; March 6

Sessions will run as follows:

| Age Groups | Time | Gym |
|------------|---------------|-----|
| 5 & 6 | 12 – 1:00pm | B |
| 7 & 8 | 12 – 1:00pm | C |
| 9 & 10 | 1 – 2:15pm | B |
| 11 & 12 | 1 – 2:15pm | C |
| 13 & 15 | 2:15 – 3:45pm | B |
| 16+ | 2:15 – 3:45pm | C |

All sessions will be taught by Juan Carlos Cervantes, Coaching Director for Golden Valley Phoenix Soccer Club and assisted by licensed coaches. Training sessions are designed to improve feet dexterity and are heavily oriented toward developing ball control. All sessions include agility, coordination, and fitness training.

FEE: The fee is \$85.00 per player for 8 weeks. **Save \$10.00** by getting your registration in by **December 30** and you pay only \$75.00. 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: Please mail completed registration form with payment to Phoenix Soccer, 200 Brookview Pkwy, Golden Valley, MN 55426. Registrations will also be accepted at the door on a first-come first-serve basis.

LOCATION: Sandburg Middle School Gym: 2400 Sandburg Ln Golden Valley, MN 55427-3616. 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.

**Venue will change for these dates, TBD*

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



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Player Information:

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

Address: _____ School _____
Street City Zip

Parent/Guardian information:

Name: _____ () _____ () _____
Father/Mother/Guardian 1 (circle)

Cell Phone: () _____ Parent email: _____

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: _____