

INDOOR SOCCER

MINIKICKERS LEAGUE

AT

THE SOCCER ACADEMY

**FOR BOYS AND GIRLS AGES 3-7 YEARS OLD
RECREATIONAL INDOOR SOCCER FOR NEW AND DEVELOPING PLAYERS,
IN A NON-COMPETITIVE AND FUN ATMOSPHERE.**

FALL 2010

U/6'S & U/8'S

REGISTRATION DEADLINE: Saturday September 5: Players may register before this date. Teams will be formed from registration forms. **NOTE: SPACE IS LIMITED, Teams may fill before registration deadline.**

GAMES: Saturday, September 18; 25, October 2, 9, 16, 23. End of season tournament is on Saturday, November 6; U/6's play in the morning, 9:00am-12:00pm, U/8's play midday, 12:00-3:00 pm

INDOOR PRACTICE: Practice will begin Monday September 13 or Tuesday, September 14. The practice time is 5:15 to 6:30. **We allow the parents to choose which day they would like to come. Please only one practice a week.**

NOTE: Please show up at the day you picked for practice to find out your team name, schedule and to pick up your uniform.

COST: \$148.00 per player (fee includes a shirt, short, socks and a trophy).

FAMILY DISCOUNT: Including younger players in Academy's league: \$145.00 for second and additional children.

PLEASE NOTE: PAYMENT IS DUE IN FULL UPON REGISTRATION.

.....**MINIKICKER REGISTRATION FORM**.....

Player's Name _____
 Parent's Name _____
 Age _____ Male _____ Female _____ D.O.B. _____
 Address _____
 City _____ Zip _____
 E-mail address _____
 Home Phone _____ Business Phone _____
 I wish to play on the same team with _____
 Playing Experience (how many seasons/years) _____
 How did you hear about us? _____
 Are you interested in coaching? _____
Sizes will not be exchanged. If you are not sure of your child's size please come to our soccer store to get fitted.

Jersey Size: Youth or Adult **SIZE:** XS S M L
 Shorts Size: Youth or Adult **SIZE:** XS S M L

RELEASE AND ACKNOWLEDGEMENT

I, THE PARENT (OR GUARDIAN) OF THE NAMED CANDIDATE FOR A POSITION ON A TEAM, HEREBY GIVE MY APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES; AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SOCCER ACADEMY, OR ORGANIZERS, SPONSORS, PARTICIPANTS AND PARENTS TRANSPORTING MY CHILD TO OR FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT WHILE PLAYING SOCCER AT THE SOCCER ACADEMY MY CHILD IS NOT COVERED BY ANY INSURANCE AND THAT OUR FAMILY'S PERSONAL OR WORK INSURANCE WILL COVER ANY ACCIDENTS OR INJURIES.

SIGNATURE _____ DATE _____
(PARENT OR GUARDIAN'S SIGNATURE)

Mail or bring registration form and payment to:

The Soccer Academy
 P.O. Box 1457
 Lilburn, GA 30048
 (770) 925-4404
www.soccertsa.com

OFFICE USE ONLY

Amount Paid _____
 Date _____
 Payment Method _____

