

Youth Soccer League

AT

THE SOCCER ACADEMY

FOR BOYS AND GIRLS AGES 8-16 YEARS OLD

RECREATIONAL INDOOR SOCCER FOR NEW AND DEVELOPING PLAYERS,
IN A NON-COMPETITIVE AND FUN ATMOSPHERE.

Spring 2012 U/10, U13 & U/16 Ages 8-16

REGISTRATION DEADLINE: Monday, March 12: 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, March 24, 31; April 14, 21, 28, May 5, End of season tournament is on Saturday, 12 May ; U/6's (Ages 3,4 and some 5 year olds) play in the morning, 9:30am-11:30pm, U/8's (Ages 5,6,7) play midday, 11:30-1:30 pm

INDOOR PRACTICE: Practice will begin Wednesday, March 21 or Thursday, March 21. 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. **ALL PLAYERS MUST BRING THEIR OWN SOCCER BALL TO EVERY PRACTICE.**

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 t-shirt, shorts, socks and a medallion).

Players must purchase shin guards and wear either tennis shoes or indoor soccer shoes. Cleats are not allowed

PLEASE NOTE: PAYMENT IS DUE IN FULL UPON REGISTRATION.

.....**YOUTH REGISTRATION FORM**.....

Player's Name _____
Parent's Name _____
Age _____ Male _____ Female _____ Birthdate _____
Address _____
City _____ Zip _____
E-mail address _____ Cell Phone _____
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? _____

T-Shirt Size: Youth or Adult **SIZE:** S M L
Shorts Size: Youth or Adult **SIZE:** 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 payment to: The Soccer Academy P.O. Box 1457 Lilburn, GA 30048 or bring it to our location 327 Arcado Road Lilburn, Ga. 30047
www.soccertsa.com (770) 925 - 4404

