



# 2006 WINTER SOCCER CLINIC REGISTRATION

Golden Valley Phoenix Soccer Club

Website information available at [www.gvphoenixsoccer.org](http://www.gvphoenixsoccer.org)

**\*\*\* Do Not Mail, Please Bring With You On Your First Session\*\*\***

The Golden Valley Phoenix Soccer Club invites players of all skill levels to attend co-ed winter training clinics, to be held on eight Saturdays between Saturdays between January 7th and March 11th ( no clinic on January 21st or February 18<sup>th</sup>).

Sessions will run as follows:

Ages 5-8:	1:00pm-2:00pm
Ages 9-11:	2:00pm-3:00pm
Ages 12 and up:	3:00pm-4:00pm

All sessions will be taught by Aaron Leventhal, past Minnesota Thunder player and Phoenix Professional Trainer.

**FEE:** Fee: The 8 sessions cost only \$35.00 per person for all 8 weeks.

**REGISTRATIONS:** Accepted at the door. Space is limited. Registrations will be honored on a first-come, first-serve basis, so please come early.

**LOCATION:** Clinics are held in the Sandburg Middle School gym. Sandburg is located just west of Douglas Drive on Sandburg Lane, Golden Valley. Please call (763) 504-8200 for further information.

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

### Player Information:

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ GENDER: M / F  
(Last) (First) (MI) (Circle One)

Address: \_\_\_\_\_ School \_\_\_\_\_  
Street City Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

### Parent/Guardian information:

Name: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Father/Guardian 1 Daytime phone Evening phone

Address (if different from above) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell phone

Name: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mother/Guardian 2 Daytime phone Evening phone

Address (if different from above) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell phone

**PLEASE COMPLETE BOTH SIDES OF FORM - INCOMPLETE REGISTRATION FORMS WILL BE RETURNED**

For more information, e-mail us at: [aaron@thecompleteathlete.com](mailto:aaron@thecompleteathlete.com).

**Player Name:** \_\_\_\_\_  
(Last) (First) (MI)

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: \_\_\_\_\_

**EMERGENCY ALTERNATE CONTACT INFORMATION**

Please contact the following if unable to reach either parent or guardian in the case of an emergency:

Name \_\_\_\_\_ Relationship to player \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime phone Evening phone Other phone

Address/City/Zip Code \_\_\_\_\_

**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.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_