



2007 WINTER SOCCER CLINIC REGISTRATION

Golden Valley Phoenix Soccer Club

Website information available at www.gvphoenixsoccer.org

The Golden Valley Phoenix Soccer Club invites players of all skill levels to attend co-ed winter training clinics, to be held on Saturdays from January 6th to March 10th. There is something for every skill level.

Sessions will run as follows:	Ages 5-8:	12:00pm-1:00pm
	Ages 9-11:	1:00pm-2:15pm
	Ages 12-14:	2:15pm-3:45pm
	Ages 15 + :	3:45pm-5:00pm

All sessions will be taught by Juan Carlos Cervantes, Coaching director for Golden Valley Phoenix Soccer and assisted by licensed coaches.

FEE: Fee: The 8 sessions cost is only \$55.00 per player for all 8 weeks or 720 minutes of soccer instruction.

REGISTRATIONS: Space is limited so hurry. 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 so please come early on the first day.

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: cerv0007@msn.com.

Player Name: _____
(Last) (First) (MI)

Medical Insurer _____ Policy Number _____ Policy Holder _____

Physician/HMO/Clinic _____ City/Zip Code _____ Phone _____
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Dental Insurer _____ Policy Number _____ Policy Holder _____

Dentist/Clinic _____ City/Zip Code _____ Phone _____
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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 & other promotional media.

Signature: _____ Relationship: _____ Date: _____

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