



Junior Program U7 & U8

Winter Indoor Training Sessions

Session Dates

- | | | | | | |
|--------------------------|----------------------|------------|--|----------|-------|
| <input type="checkbox"/> | Session I: | Thursdays: | November 10, 2011
December 1, 8, 15, 22, 2011 | (5 days) | \$100 |
| <input type="checkbox"/> | Session II: | Thursdays: | January 5, 12, 19, 26, 2012
February 9, 2012 | (5 days) | \$100 |
| <input type="checkbox"/> | Session III: | Thursdays: | February 23, 2012
March 1, 8, 22, 2012 | (4 days) | \$80 |
| <input type="checkbox"/> | Session I, II & III: | Thursdays | All Thursdays listed Above | | \$225 |

Times & Location

5:30 pm — 6:30 pm
Oriole Lane Elementary School
12850 North Oriole Lane, Mequon

Last Name _____ First Name _____
 Date of Birth _____ Age _____ Male/Female _____
 Address _____
 City _____ Zip _____
 Email _____
 Mother _____ Phone _____ Cell _____
 Father _____ Phone _____ Cell _____

Current Allergy and/or Medical Information _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities ("the programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, including Mequon Soccer Club Inc., its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for all programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorized.

As the parent/guardian of the above named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, the limb or well-being of my dependent.

Parent/guardian _____ Date _____

What to wear: Loose clothes (appropriate for weather), shin guards, shoes.

What to bring: #3 soccer ball & water bottle (both labeled)

Cancellations: Due to weather and/or gym availability, consult Club web site. Every attempt will be made to give as much notice as possible.

Mail registration form & payment to:
 Mequon Soccer Club U7/U8 Program
 10936 North Port Washington Road, #114
 Mequon, WI 53092

*Mequon Soccer Club maintains a No Refund Policy.
 For questions and on-line information go to www.mequonsoccerclub.com or call the Club office at 262-240-1080.*

OFFICIAL USE ONLY	CHECK AMOUNT	NO.	DATE RECEIVED	10/18/2011 lec
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