



# Micro Soccer

## Fall 2009 Outdoor Session

### Session Dates

Monday, September 7, 2008 thru Thursday, October 15, 2008 (6 weeks)

### Times & Location

4:30 pm — 5:30 pm at Rotary Park

### Fees

\$150.00 for one day/week - - \$300.00 for two days/week

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

*Pick one or up to four days to participate.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 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. New players will receive a Mequon Soccer Club t-shirt.

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

**Cancellations:** Due to weather, you will be notified by email or phone, we will try to give as much notice as possible.

Common sense - lightning and thunder means NO PRACTICE.

**Mail registration form & payment to:**  
 Mequon Soccer Club  
 Micro Soccer  
 Box 114  
 10936 North Port Washington Road  
 Mequon, WI 53092

*Mequon Soccer Club observes a No Refund Policy.*

For Micro questions and on-line information go to [mequonsoccerclub.com](http://mequonsoccerclub.com) or email Club at [mequonunited@yahoo.com](mailto:mequonunited@yahoo.com).

9/23/2009 llbs

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