

# *Everson Soccer Academy*

## *FUTSAL INDOOR SOCCER CLINICS*



**Hosted by: Seymour Soccer Association (SSA)**

**[WWW.SEYMOURSOCGER.ORG](http://WWW.SEYMOURSOCGER.ORG)**

**8 one hour sessions ≈ January 13, 2010 through March 20, 2010**

**Saturdays: 11:00 am – 5:00 pm (4 – 10 year olds)**

**Seymour Middle School**

**Wednesdays: 6:30 pm – 9:00 pm (11 – 18 year olds)**

**Bungay School**

**NOTE:** All sessions will be grouped according to age.

**\$80.00 per player\* *THAT'S ONLY \$10 PER SESSION!***

\*Add \$7.00 insurance fee for players not registered for 2009 SSA or CJSA Fall Soccer

***REGISTRATION DEADLINE – Postmarked or delivered prior to DECEMBER 21, 2009***

**Limited Enrollment:** 25-30 players per session - first come, first served!

**\*All sessions open to non-residents and all area soccer club age eligible players\***

**Program Goals:** Individual Attention/Foot Skills, First Touch & Receiving, 1 vs.1 Defending and Attacking (Moves), Combination Play, Pinpoint Passes, Speed of Play and Quick Reflex/Fast Thinking.

***COME JOIN US FOR A FUN LEARNING EXPERIENCE!***

**FOR MORE INFORMATION CONTACT: [info@seymoursoccer.org](mailto:info@seymoursoccer.org)**

# ***FUTSAL INDOOR SOCCER CLINICS***

## **Everson Soccer Academy & Seymour Soccer Association**

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### **2010 Winter Soccer Registration Form**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be born on or before 7/31/05 to participate)

Full Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

2009 Fall Team/Soccer Club: \_\_\_\_\_

Playing Experience: \_\_\_\_\_

**Release:** By signing below I hereby release SSA and Everson Soccer Academy and the entire staff of SSA and the Everson Soccer Academy from any and all responsibility should injury occur. I also release the directors, operators, instructors, and all staff from any and all claims or damages that may arise. Furthermore, by signing I attest that I have medical insurance, which covers the above-named participant and/or that the above named participant is a registered player with SSA, or another CJSA recognized and sanctioned soccer club, and therefore has medical insurance coverage.

**NO REFUNDS can be honored due to significant pre-paid costs.**

**Every effort will be made by SSA to reschedule any cancelled sessions.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Mail Registrations to:**

**Seymour Soccer Association, P.O. Box 397, Seymour, CT 06483**

***M a k e   C h e c k s   P a y a b l e   t o :   S S A***