



GRASSROOTS & KINDERSOCCER PROGRAM AGES 3-7

Starting
Sept 10 2011
 Every Saturday
 for 8 weeks

Phone: (908) 994-0724

Email: bastos_1969@yahoo.com

Fall In Love With The Game!

GRASSROOTS

**8-WEEK PROGRAM CONSISTS OF 8
 1-HR OUTDOOR SESSIONS EVERY SATURDAY
 BEGINNING SEPT 10 2011.**

Professional soccer trainers will work with your child to introduce them to the world's most popular sport. Players learn the fundamentals of soccer through a program of structured activities, circuits and fun games taught by fully qualified and licensed staff members.

Program takes place at Rahway River Park
 10:00-11:00am for ages 3-5
 11:15-12:45pm for ages 5-7

ElizabethSoccer.com

REGISTRATION FORM

PARTICIPANT 1 NAME: _____

PARTICIPANT 1 AGE: _____

PARTICIPANT 2 NAME: _____

PARTICIPANT 2 AGE: _____

HOME PHONE NUMBER: _____

CELL/EMERGENCY NUMBER: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

EMAIL: _____

**Grassroots Soccer
 Elizabeth Youth Soccer
 For 8 weeks**

___ **Age 3—5 (10-11am)**
 ___ **Age 6—7 (11:15-12:45pm)**

Please enclose check payable to:
Elizabeth Youth Soccer

Mail Payment to:
 Elizabeth Youth Soccer
 P.O. Box 9565
 Elizabeth, NJ 07208

Call - Maria Almeida 908-377-3140
 Maria Carvalho 908-403-2122

PAYMENT INFORMATION

\$99 x _____ Players \$

Total Player Fees: \$

I agree to let my child participate in soccer. I understand that there are certain risks of injury in the participation of this sport, and I am willing to assume these risks. I confirm that my child is capable of participating in soccer and that s/he is in good physical condition. In addition to giving full consent to my child's participation, I waive release and hold harmless Elizabeth Youth Soccer, European Soccer Academy, LLC, its members, coaches, and representatives for any injury that may be suffered by my child. I grant permission for my child to receive emergency medical treatment. I grant EYS and European Soccer Academy permission to use photographic images of my child in its promotional activities.

For EYS Use Only

Check # _____ Payment Amt. _____ Date Rcvd. _____ Group _____

Parent Signature _____

Date _____