GOALKEEPING ACADEMY

BLAINE SOCCER CLUB ★PO BOX 49043★BLAINE, MN 55449

★763 792 7369 *www.blainesoccer.org*

IMPROVE YOUR GOALKEEPING SKILLS AT BLAINE SOCCER CLUBS GOALKEEPER TRAINING
Professional Goalkeeper Coaches from ESP/Coerver Coaching

Dates: May 9, 16, 30, June 6 and 13 (Friday Nights)
U9 – U12 Keepers: 6:00pm – 7:00pm
U13 – U18 Keepers: 7:00pm - 8:00pm
@ THE BLAINE SOCCER COMPLEX (Field D1)

Cost for the 5 session program is $35

Mail-In Registration to: GOALKEEPING, BLAINE SOCCER CLUB, P.O. Box 49043, Blaine, MN 55449.

REGISTRATION IS ON A FIRST COME FIRST SERVED BASIS (Max 16 keepers per group).

Name:_____**AGE:(circle) U9/U12 U13/U18 ☐ Male ☐ Female**
First Last

Address:_____
Street City Zip code

Telephone Number:_____ **E Mail (Please Print):** _____

Father's Name:_____ **Cell or Work Number**_____

Mother's Name:_____ **Cell or Work Number**_____

Any Medical Problems or Restrictions the Player Has: _____

Alternate Contact: _____ **Alternate Telephone Number**:_____

Physician/HMO/Clinic Name: _____ **Phone:**_____

Dentist Name: _____ **Phone:**_____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Blaine Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Blaine Soccer Club accepting the registrant for its soccer programs and activities (the 'Programs'). I hereby release, discharge and/or otherwise indemnify the Blaine Soccer Club, it's affiliated organizations and sponsors, their employees, and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

_____ _____
Signature of Parent or Guardian Date

Consent for Medical Treatment As the parent/legal guardian of a registrant in the Blaine Soccer club programs; I hereby give my consent for EMERGENCY medical care by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

_____ _____
Signature of Parent or Guardian Date

2008 Goalkeeping