# U9/U10 Fall Training Academy

**BLAINE SOCCER CLUB ★PO BOX 490043★BLAINE, MN 55449**

**★763 792 7369 *www.blainesoccer.org***

## A NEW FALL PROGRAM FOR BLAINE SOCCER CLUB TRAVEL PLAYERS

Open only to players who will play on BSC U9 and U10 **Fall Travel Teams**. The program will focus on attacking principals, defending principals, small group possession and small sided scrimmages.

## Program Coaches/Trainers

Lead trainer will be Scott Macleod (BSC Coaching Director) assisted by BSC trainers.

**Program Dates: Aug 25, Sept 1, Sept 15, Sept 22 and Sept 29 (Wednesday Nights)**
**6pm-7pm @ the Blaine Soccer Complex (Field F1 North)**
**(Please note – the Sept 29 date will be an end of program festival)**

## Cost for the 5 session program is $30

**REGISTRATION DEADLINE IS August 16 2010 or until full**

**Mail-In Registration to: U9/U10 Fall Academy, BLAINE SOCCER CLUB, P.O. Box 490043, Blaine, MN 55449.**
**REGISTRATION IS ON A FIRST COME FIRST SERVED BASIS**

---

**Name:**_____ ☐ Male ☐ Female **BSC team:** _____
**First** **Last**

**Address:**_____
**Street** **City** **Zip code**

**Telephone Number:**_____-_____-_____ **E Mail:**_____

**Father's Name:**_____ **Mother's Name:**_____

**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