



# 2017 Summer Soccer Session

## 9 Week Session | June 5<sup>th</sup> – August 5<sup>th</sup>

Player Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ School: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Email 1: \_\_\_\_\_

\*Fax to Kristen Wallace at 502.899.3566 or Drop-Off this Application to MVSC, 3000 Mellwood Avenue, Louisville, Kentucky 40207\*

### Session Information:

- 9 Week Summer-Long Session Hosted from **June 5<sup>th</sup> – August 5<sup>th</sup>**.
- This is a **FUTSAL** League for 6-13 years old and they will play only once-a-week on the day and time registered for
- 2-5 Year Olds will have a once-a-week practice.
- **No Games or Practices on Tuesday, July 4<sup>th</sup> (make-up options TBA for any/all Tuesday participants)**
- Please indicate below two (2) options of days/times most convenient for you.

### Practice Options – NOTE ALL OPTIONS ARE COED

2-3s	4-5s	6-7s	8-9s	10-11s	12-13s	HIGH SCHOOL
Mondays, 1:30pm	Tuesdays, 5:00pm	Mondays, 6:00pm	Mondays, 6:00pm	Mondays, 7:00pm	Mondays, 7:00pm	Tuesdays, 6:00pm
Tuesdays, 4:00pm	Wednesdays, 1:30pm	Thursdays, 6:00pm	Thursdays, 6:00pm	Tuesdays, 5:00pm	Tuesdays, 6:00pm	Wednesdays, 5:00pm
Thursdays, 5:00pm	Thursdays, 4:00pm					
Saturdays, 11:00am	Saturdays, 11:00am					

### Pricing Information:

	2-3's		4-5's		6-13's		HS	
	PRACTICE ONLY	PAPER	PRACTICE ONLY	PAPER	FUTSAL ONLY	PAPER	FUTSAL ONLY	PAPER
<b>REGISTRATION DEADLINE MAY 30TH</b>								
Registration BEFORE Deadline:	\$99	\$104	\$108	\$113	\$117	\$122	\$117	\$122
Registration AFTER Deadline:	<b>\$104</b>	<b>\$109</b>	<b>\$113</b>	<b>\$118</b>	<b>\$122</b>	<b>\$127</b>	<b>\$122</b>	<b>\$127</b>

Please indicate below your Practice Day and Time request for the 2017 Summer Soccer Session:

1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_  
 Age Division Practice Day & Time Age Division Practice Day & Time

\*\*\*You can register for multiple days\*\*\*

### Payment Options: (Please Check the Option by Which You are Paying)

Please Check: Cash Check Credit Card TOTAL DUE = \$ \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name On the Card: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Signature: \_\_\_\_\_

*By signing above you are authorizing Mockingbird Valley Soccer Club to charge your credit card for the amount listed above. All credit card information is maintained in strict confidence and is used only for the payment upon your signature and approval.*

### Parent/Guardian Agreement—Please read carefully and sign below

In consideration of registering my child (or dependent, if Guardian; both hereinafter referred to as "Participant") for the Youth Soccer Leagues at Mockingbird Valley Soccer Club (MVSC), I certify that Participant is of normal health and in proper physical condition to participate in the Youth Soccer Leagues and has not been otherwise informed by a physician. On behalf of Participant, I acknowledge that I am aware of the risks inherent in participating in indoor soccer (both practice and competition); that indoor soccer is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of the Participants participation in the Youth Soccer Leagues.

I further certify that the Participant maintains adequate health insurance to cover any injuries occurring as a result of participation in the Youth League Program at MVSC.

In the event that I cannot be reached in an emergency, I hereby give permission to the MVSC staff to secure emergency medical services including transportation and physician.

Signature of Parents: \_\_\_\_\_ Date: \_\_\_\_\_