



2016 Summer Talent School

6 Week Session | June 6th – July 15th

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:

- 6 Week Session Running from June 6th – July 15th.
- Each session is 1 hour long and coached by Darren Yeagle.
- Please indicate below two (2) training options most convenient for you. MVSC cannot guarantee first choice can be met, please list alternative practice day/time preference.

Practice Options:

6-7s		8-9s	10-11s	12-13s
Mondays 4:30pm	Tuesdays 3:30pm	Wednesdays 4:30pm	Wednesdays 6:00pm	Wednesdays 7:00pm
Mondays 6:00pm	Thursdays 4:30pm	Fridays 3:30pm	Thursdays 6:00pm	Fridays 4:30pm
			Fridays 5:30pm	

Pricing Information:

	REGISTRATION DEADLINE MAY 31st	ONLINE	PAPER
Registration BEFORE Deadline:		\$93	\$98
Registration AFTER Deadline:		\$98	\$103

Please indicate below your Practice Day and Time request for the 2016 Summer Talent School:

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: _____