



2017 Summer Session

8 Week Field Hockey Session | June 7th – August 2nd

Player Name: _____ Gender: _____

DOB: _____ T-Shirt Size: _____ School: _____

Parent First Name: _____ Parent Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Email 1: _____

Age Groups: 6-7's (practice + games, play 5v5/half field) 8-9's 10-11's (practice + games, play 7v7/full field)

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

Session Information:

- 8 Week Session Running from June 7th – August 2nd. *NO Sessions will be held Wednesday, July 5th!*
- All players are required to have their own stick, shin guards, mouth guard, protective eyewear (recommended), and turf/tennis shoes.
- All coaching is done by MVSC employed and trained staff.
- Practice Day Options:
 - 6-7's – Wednesdays 5:00pm-6:15pm
 - 8-9's – Wednesdays 6:30pm-8:00pm
 - 10-11's – Wednesdays 6:30pm-8:00pm
- 6-7s will have a combined practice and game at above chosen time (1.25-hour long combination).
- 8-11s will have a 45-Minute Practice and 45-Minute Game at above chosen timeframe (1.5 hour long combination).

Pricing Information:

8 Sessions

REGISTRATION DEADLINE FEBRUARY 28th

ONLINE PAPER

Registration BEFORE Deadline: \$136 \$146

Registration AFTER Deadline: \$146 \$156

PAYMENT OPTIONS:

Please Check: Cash Check Visa Mastercard

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 Field Hockey 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 Field Hockey 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 Field Hockey (both practice and competition); that indoor Field Hockey 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: _____