# PANTHERS USA

Spring Soccer Season 2010 Micro-Soccer

**Season**: Games on Sundays from March 28th through May 23rd (no games on April 4)

**Play times**: U-6, U-8 teams 1:00-2:00PM or 2:00–3:00PM

**Where**: Sinking Springs Elementary School (subject to change)

Micro Soccer is played on a small field with 4 players on each side. It uses simple game rules to keep the games flowing and to allow the game to be the teacher. The spring soccer season will be played as "**games only on Sundays".** No team practices are planned during the week. ***There will be weekly soccer clinics offered on Wednesday evenings run by professional soccer trainers.*** Player openings are limited by the number of coaching volunteers, so please sign up to coach or assist. This is a perfect time to get involved! Coaches do not need to provide detailed instruction – their main role is to ensure player safety and equal playing time.

**Registration:** March 2nd& 3rd, 6:00 - 7:30 p.m.; Central Middle School lobby. If you prefer to mail in your registration and check, you may send it PRIOR to March 5 to:
Panthers USA, PO Box 3155, York, PA 17402

**Cost:** $40 per child, which includes a uniform tee shirt & the training program. Please make checks payable to **Panthers U.S.A**. For registrations rec'd after March 5th, there is a $5 late fee.

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2010 Micro Soccer Registration Form - Please print neatly except where a signature is designated.

**Please Check One Age Group**: ☐ **U-6 (born between 8/1/03 and 7/31/05)**
☐ **U-8 (born between 8/1/01 and 7/31/03)**

Best estimate of prior experience: _____ years
Returning player from Fall 2010 _____ (RG-6 form required for new players: http://www.epysa.org/pdf/08EPYSA_RG-6.pdf

Child's Name _____ Sex: M F Age ____ Date of Birth (M,D,Y) _____

Home Address _____ Zip _____

Township, borough or city of residence _____ Phone _____

School District of Residence_____ Shirt Size: ☐YM (10-12) ☐YL (14-18) ☐Adult Small

Parent(s)/Guardian(s) Name_____

Parent email address_____

Special Medical Concerns (allergies, asthma, etc.)

Requests for refunds shall be made in writing no later than 3/27/10 and addressed to PanthersUSA, PO Box 3155 York, PA 17402

Release: In consideration of my child being given the opportunity to participate in soccer activities, I on my behalf and on behalf of my child, herby release Panthers United Soccer Association, all of its officers, directors, coaches and volunteers from any and all responsibility for injury or property damage that my child or I may suffer in connection with my child's participation in PUSA soccer. In the event my child is injured during any soccer activity I herby give permission for my child to receive any needed medical treatment. I understand that by signing this document that I am giving up certain legal rights that my child and I may otherwise have and I do that knowingly and willingly. This release shall be binding on my heirs and successors. I furthermore give Panthers USA permission to use my child's photograph on their website.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name_____