

McFarland Soccer Association

U12 Girls Classic Team Tryouts Informational Sheet

<u>Dates:</u>	<u>Time:</u>	<u>Location:</u>
June 1	6:00 pm until 7:30 pm	William McFarland Park U11 Field
June 3	5:30 pm until 7:00 pm	William McFarland Park U11 Field

Rain Date: June 6 – Same time and location as above

Fees: \$10 resident/\$15 non resident (Will be applied to registration if player is selected)

Players will need to be wearing the proper soccer attire, and bring a #4 soccer ball, and water bottle.

Player Cost:

\$200 per player, this will include full uniform and the following:

2 - 3 Tournaments (possibly 1-2 travel tournaments)

1 Indoor Session during the winter months (Most likely Jan-Feb)

Coaching Staff:

Head Coach: Paul France (Club President)

Assistant Coach: Mike Chandler (Youth Coordinator)

More information about McFarland Soccer can be found at www.mcfarlandsoccer.org . Please contact Paul France at 770-7689 or email at pfrance99@yahoo.com or Mike Chandler 239-0151 or email at mchandler97@charter.net for any further questions regarding tryouts or team placement prior to tryouts.

Commitment Level: All players are expected to have a solid commitment to the team and their coaches. This means attending, to the best of their ability, all practices, games, and tournaments. Coaches will make a solid commitment to each and every player to ensure that they are getting the proper coaching, skills building, and training.

Schedule:

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
2 practices per week	6 game Indoor soccer session	2 practices per week
8 game season/ 1-2 Tournaments		8 game season/1-2 tournaments

McFarland Soccer U12 Classic Girls Registration Form

First Name _____ Last Name _____
Address _____ City _____ Zip Code _____
Phone Number _____ Birthdate ___/___/_____
Family Email _____ School _____
Grade Entering in Fall _____ Cell Phone _____
Parent/Guardian Name _____ Home Phone _____ Work _____
Parent/Guardian Name _____ Home Phone _____ Work _____
Name of Physician _____ Clinic _____ Phone _____
Allergies or Health Conditions _____
Emergency Contact _____ Phone _____ Relationship to Child _____

****Team selections and other important communication sent via email; PLEASE PRINT LEGIBLY!**

Release of Liability

I, the parent/guardian of the individual named above, do hereby agree to indemnify and hold harmless McFarland Soccer Club (MSC) and its employees, officers and agents from and against all liability resulting from participation in the soccer tryout activities. I understand that the program, in which I am enrolling, like all activity and sports programs, has some inherent risk, for which I agree to assume liability. Furthermore, the individual named herein is in good physical health, appropriate for the activities in which he or she will be participating. I understand that the McFarland Soccer Club does not provide accident insurance. In the event of a medical emergency and I cannot be reached, I authorize the McFarland Soccer Club to obtain medical treatment for my son, daughter or legal ward.

Signature of Parent or Legal Guardian _____ Date: _____

Please mail all Registrations to: McFarland Soccer Association PO Box 73 McFarland, WI 53558; or register on site June 1 @ 5:30 PM: McFarland U-11 Field

Checks made payable to: McFarland Soccer