



2009-2010 FootHolde Winter Clinics



* Mail-in Registration Form *

Player's Name _____ DOB _____ M or F (circle one)

Address _____ City _____ State _____ Zip _____

Email _____ Phone (H/W) _____ Phone (Cell) _____

Please check the appropriate age group and level below:

U9-U12 maroon gold
 U13-U14 c1 c2 c3 prem
 U15-U17 c1 c2 c3 prem

How did you hear about the clinic? _____

T-shirt size (circle one):

YM YL S M L XL

Sign up for:	Dates	Day/Time	Location	Price
<input type="checkbox"/> Winter I (6 weeks) Excellence of Attack West <i>All Ages: U9-U17</i>	Nov. 14, 21, 22* (Sunday) Dec. 5, 12, 19	Saturdays 1:00-2:30 pm	Tonka Dome	\$135
<input type="checkbox"/> Winter I (6 weeks) Excellence of Attack East <i>U10-U16</i>	Nov. 1, 8 Dec. 6, 13, 20 <i>(1 session to be added)</i>	Sundays 8:30-10:00 am	Bielenberg Dome	\$135
<input type="checkbox"/> Winter I (6 weeks) Technical Development <i>U11-U17</i>	Nov. 7, 14, 21 Dec. 5, 12, 19	Saturdays 9:20-10:40 am	Holy Angels Dome	\$125
<input type="checkbox"/> Winter II (10 weeks) Individual Competitive Development <i>U9-U12</i>	Jan. 8, 15, 22, 29 Feb. 5, 12, 19, 26 Mar. 12, 19	Fridays 6-7:30 pm (OR, 7-8:30 pm)**	Augsburg Dome	\$225
<input type="checkbox"/> <i>U13-U17</i>				
<input type="checkbox"/> Winter II (8 weeks) Technical Development 2 <i>U11-U17</i>	Jan. 23, 30 Feb. 6, 13, 20, 27 Mar. 6, 13	Saturdays 9:20-10:40 am	Holy Angels Dome	\$210

* Nov 22 is a SUNDAY

** Feb. 5 – March 12, time is 7-8:30 pm

Total:	
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Waiver of Liability

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of FootHolde, and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer, I hereby release, discharge, and/or otherwise indemnify FootHolde, all other affiliated organizations, the staff coaches and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I hereby declare that the enrolled applicant is in good health, and, as the parent/legal guardian of a participant in the FootHolde Winter Clinics, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. By signing this form I accept all responsibility and assume all costs that may be incurred in the event of an injury or accident.

Special medical conditions or allergies (circle one): Y or N

If yes, explain:

Parent Name(s) _____

Emergency Contact and Phone _____

Parent's Signature _____

Date _____

Send registration form and payments to:

FootHolde
5516 30th Avenue South
Minneapolis, MN 55417

More info at www.footholde.com