



# 2010 Indoor Soccer Program

**Skill & Agility Training plus lots of Game Time with Full Sized Indoor Goals**

## Elementary School - Large Gym

**Saturdays - Feb 27, Mar 6, 13, 20, 27, Apr 3, 10**

9:00am-10:30am	<b>COED 2nd Grade</b>
10:30am-12noon	<b>COED 3rd Grade</b>
12noon-1:30pm	<b>Boys 4th &amp; 5th Grade</b>
1:30pm-3:00pm	<b>Boys 6th &amp; 7th Grade</b>
3:00pm-4:30pm	<b>Girls 4th &amp; 5th Grade</b>

## High School - Large Gym

**Saturdays - Feb 27, Mar 6, 13, 27, Apr 3, 10**  
(NO soccer March 20th)

12noon-1:30pm	<b>Girls 6th &amp; 7th Grade</b>
1:30pm-3:00pm	<b>Girls 8th thru 11th Grade</b>
3:00pm-5:00pm	<b>Adult Open Soccer</b>

**Tuesdays - Feb 23, Mar 2, 9, 16, 23, 30 Apr 6, 13**

**7:30pm-9:30pm Boys 8th-12th grade**

**Please note all times are subject to change based on registration and availability of coaches**

**Fee: \$15**

**Mail in Deadline: February 12th**

Mail checks payable to:  
Bloomfield Soccer Club  
PO Box 536  
Bloomfield, NY 14469



**Registration Form downloadable on line:  
[www.bloomfieldsoccerclub.com](http://www.bloomfieldsoccerclub.com)**





**2010 INDOOR SOCCER REGISTRATION**

PLAYER'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PHONE # \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_  
 PARENTS OR GUARDIANS FULL NAMES \_\_\_\_\_  
 EMAIL ADDRESS (Print Clearly) \_\_\_\_\_

**Indoor Information:**      **2nd Grade to 12th Grade Only—No Exceptions**  
 Sessions begin February 27th and end April 10th  
**See Flyer or Website for session times, dates and locations by Grade**  
 Players must wear sneakers or indoor soccer shoes appropriate for gym floor  
 All players must wear shin guards

Registration Information		Bloomfield SC Use Only
<p><b>\$15 Indoor Registration Fee</b></p> <p><b>Mail in DEADLINE IS Friday FEBRUARY 12th</b></p> <p><i>Write Check / Mail to:</i>  <b>Bloomfield Soccer Club</b>  <b>PO Box 536 Bloomfield, NY 14469</b></p> <p><b>In Person Registration: Wednesday February 3rd</b>  <b>Elementary School Hallway</b></p>	<p><i>Any groups or teams participating in tournaments or leagues will collect additional fees to cover entry fees or needed equipment.</i></p>	<p>Check # _____</p> <p>Fee Paid _____</p> <p>Date _____</p> <p>In database? _____</p> <p>Info Verified? _____</p> <p>Age group _____</p>

We are in need of coaching volunteers for our Indoor Program at most all ages. We can provide guidelines, skill game ideas and a coaching plans if needed.

\_\_\_\_\_ Coach      \_\_\_\_\_ Assistant Coach

VOLUNTEER NAME(S) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent/guardian of the above named player, I hereby consent, if I am not present and cannot be reached with reasonable efforts, to emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry, under whatever conditions are necessary to preserve the life, limb or well being of the player.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

In addition I would like my child's coach to be aware of the following condition that could affect my child's ability to play soccer:

\_\_\_\_\_