



KFJ Select Program Presents: 20 | 20 | 20 w Coach Mike Dickey

First Name: _____ **Last Name:** _____
Parent's Name: _____ **Player DOB:** _____
Phone: _____ **Cell Phone:** _____
Email 1: _____ **Email 2:** _____

Send to Kristen Wallace: Fax 502.899.3566, Email kwallace@mockingbirdsoccer.net OR Mail to MVSC, 3000 Mellwood Avenue, Louisville, KY 40207

Details:

- Date: Sundays, November 11th, 18th, December 2nd, 9th, 16th
- Time: BOYS/GIRLS 2007, 2006, 2005 = 9:00am-10:00am | BOYS/GIRLS 2010, 2009, 2008 = 10:00am-11:00am
- Where: Mockingbird Valley Sports Complex (3000 Mellwood Avenue, Louisville, KY 40207)
- Cost: \$75.00 for 5, 1-hour long sessions
- What: 20 minutes dribbling/ball skills, 20 minutes ball striking/finishing, 20 minutes small sided games

Payment Options - Please Check the Option by Which You are Paying:

Please Check: Cash Check Visa Mastercard
Card Number: _____ Expiration Date: ____/____
Name On the Card: _____
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 Futsal Leagues at Mockingbird Valley Soccer Club (MVSC), I certify that Participant is of normal health and in proper physical condition to participate in the Futsal 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 soccer (both practice and competition); that indoor soccer/futsal 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 Futsal 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/KFJ.

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: _____