



**St. Paul Blackhawks Soccer Club 2010**  
***Little Hawks Soccer League***  
**Boys & Girls Ages 5-8**  
**7 sessions for \$65**

*Little Hawks introduces children to fundamental soccer skills in a fun-filled setting. Trained coaches provide an enjoyable, fast-paced series of soccer-related games and activities that develop ball skills, motor skills, cognitive abilities, and peer relationships. Blackhawk coaches help your child discover the game and its sweet rewards!*

**LEAGUE FORMAT**

Players are assigned teams with (2) volunteer parent coaches. The first half of the session is spent learning technical skills; the second half applying their new skills in 3v3 league games.

***YOU WANT TO COACH AND WE NEED COACHES!***

You may not have played or coached before – that's okay! Our professional coaches lead the technical sessions while you observe. Then you get to apply your newly found coaching knowledge in game situations. Give it a try – you and your player won't regret it!

***BLACKHAWKS, A NON-PROFIT SOCCER CLUB***

*We are the oldest, most accomplished soccer club in Minnesota. We teach joyful, creative, passionate play that fosters a lifelong love of the game. Alumni include players at the collegiate, professional, and international level including Manny Lagos, Amos Magee, and Tony Sanneh (2002 World Cup!).*

**FIRST COME, FIRST SERVE – LIMITED SPACE AVAILABLE!**

**WHEN:**

Saturdays, May 8, 15, 22, June 5, 12, 19, 28 (no session on May 29)

**U5/U6 Coed, 9:00a – 10:00am**  
(born between 8/1/03 - 7/31/05)

**U7/U8 Girls, 10:00a – 11:00am**  
(born between 8/1/01 – 7/31/03)

**U7/U8 Boys, 11:00a – 12:00pm**  
(born between 8/1/01 – 7/31/03)

**LOCATION:**

To be announced

**COST:** \$65 \*\* includes t-shirt

**BRING:** shin guards, water, size 3 ball, and soccer shoes or tennis shoes

**QUESTIONS:**

Email Jody Emmings at  
[jody@blackhawksoccer.org](mailto:jody@blackhawksoccer.org) or 651-261-4252

**All registrations are due by April 10th.  
Team placement cannot be guaranteed after  
deadline.**

**FOR DETAILS AND REGISTRATION**  
**[www.blackhawksoccer.org](http://www.blackhawksoccer.org)**



## Welcome to Blackhawks Registration 2010

### REGISTRATION PROCESS:

**STEP 1:** Download and print information packet containing program details and medical waiver.

**STEP 2:** Fill out online registration form at [www.blackhawksoccer.org](http://www.blackhawksoccer.org).

**STEP 3:** Write a check payable to "St. Paul Blackhawks" for the total amount of registered programs.

**STEP 4:** Read and sign medical waiver (page 3 of information packet), one for each player registered.

**STEP 5:** Mail both check and medical waiver(s) to: **St. Paul Blackhawks, 2136 Ford Pkwy #138, St. Paul, MN 55116**

Limited space is available. Registration is on a first come first served basis as determined by date we receive your payment. **Your registration is not complete until we have received your payment, so don't delay!** *Players will not be allowed to participate in programs until their registration is complete.*

You will receive confirmation of registration via email after we have received your payment.

Thank you!

Sarah, Jody, Joe  
Blackhawks Registration Team

### QUESTIONS

General: Jody Emmings [jody@blackhawksoccer.org](mailto:jody@blackhawksoccer.org) 651-261-4252

Program: Viktor Adamscek 651-894-2437 [viktora78@gmail.com](mailto:viktora78@gmail.com) or Nicole Lee 651-894-3527  
[nicolediantelee@gmail.com](mailto:nicolediantelee@gmail.com)

Registration: Sarah Charai, [sarahcharai@hotmail.com](mailto:sarahcharai@hotmail.com) 612-916-9263

Payments and scholarships: Joe Crosby [info@blackhawksoccer.org](mailto:info@blackhawksoccer.org) 651-276-6154

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## MEDICAL RELEASE FORM

Player's Name \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT** – I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Paul Blackhawks Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the SPBSC accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the SPBSC and 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 program and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT** – As the parent/legal guardian of a participant in St. Paul Blackhawks Soccer Club programs, 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.

Parent/Legal Guardian (Please Print) \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_