



U11-U14 Winter Futsal League - 2010

Sponsored by St. Paul Blackhawks, Eagan, and Woodbury Soccer Clubs

Players spend the first two sessions with futsal experts learning to play. Direct instruction will include transferable skills such as combination play, creating space, and counterattack. The next seven sessions will consist of 50 minute games against other teams in your age group. The 10th session will be a Futsal Mix and Match Festival—with eight combined, club-mixed teams! This league is sure to sharpen the footskills, and deepen the understanding of many game concepts for every player!



Time	Age Group
3:00-4:00 pm	U11/U12 Boys
4:00-5:00 pm	U13/U14 Boys & Girls

Game Format: 5 v 5, 2-25 minute periods, 1 referee per court

When? Saturdays, January 9 - March 27 (No session: February 20 and March 13)

Where? YWCA Midtown, 2121 East Lake Street, Minneapolis 55407

Cost? \$500 per team (maximum of 12 players per team)

How? Access on-line team registration at www.blackhawksoccer.org/futsalleague/register.html

Questions? Contact your club representative.

St. Paul Blackhawks: Nicole Lee 651-894-3527

Eagan: Colleen Carey 612-743-1396

Woodbury: Peter Rivard 651-214-2421



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Medical Waiver

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 2010 Futsal League, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the 2010 Futsal League accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the 2010 Futsal League 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 the 2010 Futsal League, 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 _____