



**Sporting Futbol Club**  
**Winter Instructional Soccer Program**  
**2004-2005**

**For:** Boys & Girls Ages 5 - 10  
 Program is geared to 1st time and recreational players

**Training:** Emphasis is on individual technique, gross motor skills, developing a love for the game and having fun. The training program goal is to teach individual soccer skills like ball control and team concepts. Each class will include 15 minutes of instructional skills development plus 30 minutes of small sided games (4 v 4, 6 v 6, or 8 v 8). Teams will be formed among those participating each night. Small-sided games give younger players the maximum touches on the ball and more touches equal more fun and quicker development for the player.

**Bring:** #4 soccer ball, shin guards and water to each class

**Location:** Midwest Sports Complex in Mossville (Rte. 29 and Old Galena)

**Dates:** Semester 1: Monday Nights: Nov. 8, 15, 29 and Dec. 6 and 13  
 Semester 2: Monday Nights: Jan. 3, 10, 17, 24 and 31  
 Semester 3: Monday Nights: Feb. 14, 21, 28 and Mar. 7 and 14

**Times:** 5:15 to 6:00 pm for 5 to 7 year olds  
 6:15 to 7:00 pm for 8 to 10 year olds

**Fees:** \$40 per session (T-Shirt included with 1st session sign-up)  
 Receive \$15 discount if you sign up for all 3 sessions by Nov. 1  
**Fee Waivers are available. Call Sporting FC for an Application**

**Return Registration Form and Payment to**  
**Sporting Futbol Club, P.O. Box 294, Mossville, IL 61552**

**For additional information about the Sporting Futbol Club and its soccer programs call 309-579-3535 or go to [www.sportingfc.org](http://www.sportingfc.org)**

**Sporting FC Winter Instructional Program 2004-05**

**Registration Form**



**T-Shirt Size:** YS YM YL AS AM AL AXL (circle one)

**Check Session(s)**

- Semester 1: Monday Nights: Nov. 8, 15, 29 and Dec. 6 and 13
- Semester 2: Monday Nights: Jan. 3, 10, 17, 24 and 31
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**Age Group:** \_\_\_ 5 - 7 year olds \_\_\_ 8 - 10 year olds

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male or Female (Please circle) School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please List Allergies or Special Needs: \_\_\_\_\_

**Liability Waiver and Medical Release**

I understand the nature of the Sporting Futbol Club-Midwest Sports Complex Indoor Instructional Soccer League and its intent to provide supervised training sessions. Understanding the nature of the activity, I waive all claims against Sporting Futbol Club, Soccer Centre, Inc., and Midwest Sports Complex, LLC, and the coaches, supervisors, and referees appointed by any of the foregoing entities for any injury to my child that relates to his or her participation in programs sponsored by said entities. Further, I authorize Sporting Futbol Club and its coaches or persons appointed by them to supervise the events, to obtain a physician to administer emergency treatment and, if necessary, transport my child to the nearest medical facility.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_