



# 3 v 3 SOCCER LEAGUE 2004-2005



## Sporting Futbol Club Information and Registration Form

**For:** Sporting FC Travel Players

**Training Program:** Teams of 5 to 6 players will be formed from the players registering in the specified age groups. 3 v 3 training emphasizes quick touches in close play and under pressure. Play will be under the direction of the team coaches for the age groups. Teams will be determined by the coaches.

**Location:** Micro Field at the Midwest Sports Complex

**Fees:** \$30.00 per session  
(\$80.00 if registering for all 3 sessions)  
(Fee waivers are available. Call the number below for an "Application for Fee Contribution.")

**Sessions:** Session 1: November 20 – December 19  
Session 2: Week of January 3 – February 13  
Session 3: Week of February 14 – March 27  
Games will be scheduled between the hours shown below

Please check sessions you are registering for:

Teams	Days & Times *****	Session 1	Session 2	Session 3
87, 88, 89 & 90 Girls	To be determined			
91, 92 & 93 Girls	Sundays, noon to 2:00 pm			
94, 95 & 96 Girls	Saturdays, 2:00 – 4:00 pm			
87, 88 & 89 Boys	Sundays, 6:00 – 8:00 pm			
90 Boys	To be determined			
91 Boys	Tuesdays, 5:30 – 7:30 pm			
92G & 93 Boys	Sundays, 3:00 – 4:00 pm			
92W, 93, & 95 Boys	Saturdays, 9:00 – 10:00 am			
94, 95 & 96 Boys	Saturdays, 10:00 – 11:00 am			

\*\*\*\*\* DAYS & TIMES ARE TENTATIVE

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

Male or Female (Please circle) \_\_\_\_\_ Sporting FC Team: \_\_\_\_\_

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

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

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

Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list allergies or special needs: \_\_\_\_\_

### Liability Waiver and Medical Release

I understand the nature of the Sporting Futbol Club 3 v 3 League and its intent to provide supervised training sessions. Understanding the nature of the activity, I waive all claims against Sporting Futbol Club 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 or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Registration Form and Payment to Sporting Futbol Club, P.O. Box 294, Mossville, IL 61552  
For additional information about the 3 v 3 League or Sporting Futbol Club  
call 309-579-3535 or go to [www.sportingfc.org](http://www.sportingfc.org).**