

Grasshopper Football Club

# GFC Player Development Academy

3v3 Jamboree – Sun, May 2, 2010

Updated 1/8/10



*Premier Soccer Head Start Program for Boys & Girls u7-u10*

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GFC Academy, an advanced training program for u7-u10 boys & girls, offers a head start for players with potential interest in playing soccer at the premier level. ***Our Goal is TRUE COMPETENCY in the Fundamentals by age 10.*** GFC Academy is offered by Grasshopper FC, a premier level soccer club serving metro west Boston area. GFC Academy is staffed by the licensed & professional coaches of Grasshopper FC.

For Information about Grasshopper Football Club go to [www.grasshopper-fc.com](http://www.grasshopper-fc.com).

Call or email Tom Mitch, Academy Director, with questions at (781) 729-0752 or [tmitch@grasshopper-fc.com](mailto:tmitch@grasshopper-fc.com)

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**Annual GFC Academy Spring 3v3 Jamboree.** The event will take place on Sun, May 2 at Belmont Hill School. The jamboree is open to boys and girls ages 6-10. We offer team and individual registration. Team Registration is for non-GFC players. All teams must register as a team (3-6 players) with a designated coach/manager. Individual Registration is for GFC Academy participants. GFC players will be assembled into teams of 5-6 players each. Please see below for more details.

## Jamboree Details

- Age-Appropriate 3v3 GAMES which facilitate the teaching of Fundamental Technical & Tactical Aspects of the game.
- Sun, May 2, 12:00-3:00pm
- Belmont Hill School, Belmont (new artificial turf)
- All Players/Teams Welcome (club, town, individual players, etc.)
- Boys/Girls u7u8, Boys/Girls u9u10
- \$80 Team Fee for Non-GFC Teams
- \$10 Player Fee for GFC Academy players (No Fee for GFC Academy Training Sunday registrants)
- Recommended Roster Size - 6 players
- 25 min Matches
- 4 Matches per Team

All players must wear SHIN GUARDS, and SHOES appropriate for artificial turf (molded cleats, turf shoes, indoor soccer shoes).

**Age Groupings** – Players turning the age group age Aug 1, 2009 - July 31, 2010

\*\*\*\*\*All Fees Payable to Grasshopper FC, 8 Oak St., Winchester, MA 01890

**THIS IS THE INFO PAGE TO KEEP FOR YOUR RECORDS  
Please Do Not Return this Page with Registration**

Grasshopper Football Club  
**GFC Player Development Academy**

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Premier Soccer Head Start Program for Boys & Girls u7-u10

**PLEASE SELECT APPLICABLE CATEGORIES:**

- 3v3 Jamboree TEAM Registration (\$80 per team)
- 3v3 Jamboree GFC PLAYER Registration (\$10 per player)
- u7u8 Age Group
- u9u10 Age Group

\*\*\*\*\*All Fees Payable to Grasshopper FC, 8 Oak St., Winchester, MA 01890

Team Name (team reg only) \_\_\_\_\_

Coach/Manager Name (team reg only) \_\_\_\_\_

Player's Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Birth date: \_\_\_\_\_ Age (as of 7/31/2009) \_\_\_\_\_ Age Group (2009-10 soccer year) \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Email: (please print) \_\_\_\_\_

**Injury Waiver**

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations, Grasshopper FC (GFC) and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and GFC accepting registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations, GFC 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 Programs and/or being transported to or from the same, which transportation I hereby authorize. I, the parent/guardian of the registrant, a minor, agree with rules of the USYSA, its affiliated organizations, GFC and sponsors, and in particular that the registrant will not be allowed to participate without my providing full medical insurance coverage. I hereby provide medical coverage for the participant with (COMPANY) \_\_\_\_\_ under POLICY NUMBER \_\_\_\_\_ and I shall maintain said policy and coverage until the registrant no longer participates in the Programs sponsored by the USYSA, its affiliates or GFC. I hereby further agree that in the event the aforementioned policy is canceled, I shall immediately notify the USYSA and its affiliated organizations and GFC and I shall not permit the registrant to participate in any USYSA or GFC Program. As the parent/guardian of the above named player, 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 life, limb or well being of my dependent.

Parent / Legal Guardians Names \_\_\_\_\_ / \_\_\_\_\_

Signatures \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Alt Phone \_\_\_\_\_

**Administrative Section:**

Check# \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_ Date Processed \_\_\_\_\_

Notes: \_\_\_\_\_

**THIS IS THE FORM TO MAIL IN TO REGISTER**