

Grasshopper Football Club

GFC Skill School

Information – Winter 2009-10

updated 11/25/09



Advanced Technical Development Program for Boys & Girls u11-u14

GFC Skill School is an advanced technical development program for aspiring young soccer players. ***Our Goal is TRUE COMPETENCY in the Key Technical Areas.*** The program will include essential components of dribbling/moves, passing/receiving, and shooting/finishing. Each training session is 1 hour 15 minutes in duration, and will be offered one time per week for 3 blocks of 4 weeks each.

GFC Skill School training is offered by Grasshopper FC, a premier level soccer club serving metro west Boston area. GFC Skill School is staffed by the licensed & professional coaches of Grasshopper FC. The lead trainer is GFC Director, gu13 Head Coach, and USSF C License holder, Michael Eidmann.

For Information about Grasshopper Football Club go to www.grasshopper-fc.com.

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

Winter 2009-10

- ☐ Skill School Sessions 1, 2, 3 (\$30/\$60 per session)
 - *Advanced TECHNICAL DEVELOPMENT program for Boys & Girls u11-u14*
 - Session 1 – **Dribbling & Moves** – 4 Mondays (Dec 7, 14, 21, 28)
 - Session 2 – **Passing & Receiving** – 4 Mondays (Jan 4, 11, 25, Feb 1)
 - Session 3 – **Shooting & Other Finishing** – 4 Mondays (Feb 8, 15, 22, Mar 1)
 - Belmont Hill School, Belmont
 - Boys & Girls u11u12u13u14
 - 6:15-7:30pm
 - \$30 per session for GFC Team Members
 - \$60 per session for Guests/All Others

ALL PLAYERS WELCOME – This program is open to **GFC Members** and **Guests**!!!!!!!

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 SCHEDULE TO KEEP FOR YOUR RECORDS



Advanced Technical Development Program for Boys & Girls u11-u14

PLEASE SELECT APPLICABLE CATEGORIES:

- Session 1 (Dribbling/Moves) Session 2 (Passing/Receiving) Session 3 (Shooting/Finishing)
 Skill School – GFC Teams (\$30/session) Skill School – Guests (\$60/session)
 u11u12 Age Group u13u14 Age Group

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Player's Name _____

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

Address _____

Town _____ Zip _____ Telephone _____

Email: (please print) _____

Grade Fall 2009 _____ School _____ Gender (M/F) _____

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 _____

<p>Administrative Section:</p> <p>Check# _____ Amount Enclosed \$ _____ Date Processed _____</p> <p>Notes: _____</p>

THIS IS THE FORM TO MAIL IN TO REGISTER