

Grasshopper Football Club
GFC Speed & Agility Training

Information – Fall 2010

updated 8/1/10



Age-Appropriate Strength and Coordination Program for Soccer Players

GFC Speed & Agility Training is an age-appropriate strength, stabilization and coordination program for aspiring young soccer players. **Our Goal is TRUE COMPETENCY in the Fundamentals of Movement**. This complimentary training will include elements of speed, agility, quickness, strength, and conditioning at levels appropriate for each age group. Each training session is 1 hour in duration, and will be offered one time per week for 6-8 weeks during each season.

GFC Speed & Agility Training is offered by Grasshopper FC, a premier level soccer club serving metro west Boston area. GFC Speed & Agility is staffed by the licensed & professional coaches of Grasshopper FC. The lead trainer is NSCA Certified Strength and Conditioning Coach, Sarah deBrun.

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

Fall 2010

Speed & Agility Training (\$80/\$100 per session)

- *Age-appropriate STRENGTH-STABILIZATION- COORDINATION program for young soccer players.*
- *Activities that facilitate the teaching of the Fundamentals of Movement essential to soccer.*
- 7 Mondays (Sep 13, 20, 27, Oct 4, 11, 18, 25)
- Belmont Hill School
- Boys & Girls u9u10, u11u12, u13u14
- 6:00-7:15pm
- \$80 for GFC Team Members
- \$80 for Spring GFC Academy Registrants (other than Speed/Agility)
- \$100 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, 2010 - July 31, 2011.

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

THIS IS THE SCHEDULE TO KEEP FOR YOUR RECORDS

Grasshopper Football Club
GFC Speed & Agility Training

Registration Form – Fall 2010

updated 8/1/10



Age-Appropriate Strength and Coordination Program for Soccer Players

PLEASE SELECT APPLICABLE CATEGORIES:

- Speed & Agility – GFC Teams/Academy (\$80) Speed & Agility – Guests (\$100)
 u9u10 Age Group u11u12 Age Group u13u14 Age Group

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Player's Name _____
Birth date: _____ Age (as of 7/31/2010) _____ Age Group (2010-11 soccer year) _____
Address _____
Town _____ Zip _____ Telephone _____
Email: (please print) _____
Grade Fall 2010 _____ 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: Check# _____ Amount Enclosed \$ _____ Date Processed _____ Notes: _____</p>

THIS IS THE FORM TO MAIL IN TO REGISTER