

Grasshopper Football Club
GFC Vacation Clinics

Information - 2010
updated 6/1/10



February, April, & Summer Vacation Clinics

GFC Vacation Clinics are Age-Appropriate Curriculum-Based training programs with activities & games which facilitate the teaching of Fundamental Technical & Tactical Aspects of the game. These clinics incorporate both Fun and Learning through a variety of thoughtful soccer activities.

Grasshopper Football Club (GFC) is private soccer organization dedicated to youth player development for players age 6 and above. GFC offers opportunities for players aspiring to higher levels of play to reach their potential.

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@forcasoccer.com

Vacation Clinics 2010

- Half-Day Clinic FEBRUARY (\$150)
Mon-Thu (Feb 15-18) (4 days)
Belmont Hill School
Boys & Girls u7/u8, u9/u10, u11u12
9:00am-12:30pm

- Half-Day Clinic APRIL (\$150)
Mon-Thu (Apr 19-22) (4 days)
Belmont Hill School
Boys & Girls u7/u8, u9/u10, u11u12, u13u14
9:00am-12:30pm

- Half-Day Clinic JULY (\$150)
Mon-Thu (July 19-22) (4 days)
Woburn High School (High Quality Artificial Turf)
Boys & Girls u7/u8, u9/u10, u11u12, u13u14
9:00am-12:30pm

- Half-Day Clinic AUGUST (\$150)
Mon-Thu (Aug 2-5) (4 days)
Veterans Fields Complex, Waltham
Boys & Girls u7/u8, u9/u10, u11u12, u13u14
9:00am-12:30pm

Age Groupings – Players turning the age group age Aug 1, 2009 - July 31, 2010. This means that for the summer programs we are using the current age groupings from the 2008-09 soccer year.

GFC T-Shirt – One-Time Fee (\$10) For All First-Time Players (optional)

***** 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 Vacation Clinics

Registration Form - 2010

updated 6/1/10



February, April, & Summer Vacation Clinics

PLEASE SELECT PROGRAMS & AGE GROUPING YOU ARE REGISTERING FOR BELOW:

- Half-Day Clinic FEB (Belmont) (\$150) Half-Day Clinic APRIL (Belmont) (\$150)
 Half-Day Clinic JULY (Woburn) (\$150) Half-Day Clinic AUGUST (Waltham) (\$150)
 GFC T-Shirt (\$10) (optional)
 u7u8 u9u10 u11u12 u13u14

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

Player's Name _____

Birth Date _____ Age (as of 7/31/2009) _____ Age Group (2009-10 season) _____

Address _____

Town _____ Zip _____ Telephone _____

Email: (please print) _____

Grade Fall 2008 _____ 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