



Soccer Ole' Coaching Staff - Certified & Licensed Coaches from Brazil, Spain, Mexico, Guatemala, Peru & USA.

Parent-volunteers are welcome!

Boys & Girls Ages 6-14 (Birth Year 2015-2008)

Groups Divided by Age & Gender / Limited Spaces per Age Group

Training is focused on speed /agility/ coordination & soccer skills (passing/ control, dribbling, heading, shooting)

Training Location: St. Michael's Soccer Field

Dates: 9/12, 9/19, 9/26, 10/3, 10/10. Make up 10/17.

Free Soccer Sessions & T-shirt!

Times

- 8:30-9:30 am: Players born in 2015-2013
- 9:35-10:35 am: Players born in 2012-2010
- 10:40-11:40 am: Players born in 2009-2007

**All session provided under safety guidelines and protocols.
More info via email & WhatsApp after registration.**

Registration: August 16th after mass!

For more info: Alexis Zamora (901) 323 0896

[Soccer Ole' on Facebook](#)

[Soccer Ole' on Twitter](#)

[Soccer Ole' on Instagram](#)



(901) 505 1477 or info@soccerole.org

WWW.SOCCEROLE.ORG



2020 FALL ST. MICHAEL'S SOCCER REGISTRATION FORM
www.soccerole.org

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- Alexis Zamora alexis.zamora@stmichaelformer.org or (901) 323 0896

Parent/ Guardian Information

Parents/Guardians: _____
 Address: _____
 Home Phone # (_____) _____ Cell Phone (_____) _____
 *** Email address: _____ @ _____
 *** Additional Email Address: _____ @ _____

Player Information

Player's name (First/ MI/ Last): _____ Gender: _____
 Date of Birth (MM/DD/YYYY): _____ School: _____ Grade: _____
 Please circle uniform set size: YXS YS YM YL YXL AS AM AL AXL

Consent for Medical Treatment

As parent or legal guardian of the above- named registrant, 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 deemed necessary to preserve the life, limb or well-being of the registrant.

Parent/ Guardian Signature: _____ Date: _____

Participation Risk Statement

I, the undersigned am a parent or legal guardian of the named minor. I fully understand that participating in the sport of soccer presents a risk for serious injury and death. In my capacity as a parent or legal guardian, I understand the risks and responsibility to notify the other parent or legal guardian as well as the minor risks involved with sport participation. I have made a conscious decision to allow the named minor to play. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

Parent/ Guardian Signature: _____ Date: _____