



# Westford Youth Soccer Association



## 2010 Winter Skills Clinic

@ Tyngsboro Sports Center - full turf field (No walls)  
18 Progress Ave, Tyngsboro, MA 01879

**Westford Youth Soccer Association will be hosting two Winter Skills Clinics coached by the New England Revolution for all players in U8-U10 and U12-U16. Players may register for one or both sessions.**

**Register on-line at [www.westforyouthsoccer.com](http://www.westforyouthsoccer.com)  
*Spaces are limited so register early!***

### **Session 1 - Ball Skills and Technique Training (6 Weeks)**

This six week program will concentrate on dribbling and passing, first touch, fakes and moves, speed of play and possession of the ball.

**DATES:** Thursdays: Jan 7, Jan 14, Jan 21, Jan 28, Feb 4 and Feb 11  
**TIMES:** U8-U10: 6:00 - 7:00 p.m.  
U12 – U16: 7:00 - 8:00 p.m.  
**COST:** \$125 (plus one-time \$12 Membership Tyngsboro Sports Center\*)

### **Session 2 – Striker Clinic (6 Weeks)**

This six week program is specifically designed to work on skill and technique in and around the net to increase your goal scoring ability.

**DATES:** Thursdays: Feb 18, Feb 25, Mar 4, Mar 11, Mar 18 and Mar 25  
**TIMES:** U8-U10: 6:00 - 7:00 p.m.  
U12 – U16: 7:00 - 8:00 p.m.  
**COST:** \$125 (plus one-time \$12 Membership Tyngsboro Sports Center\*)

See the WYSA Website for more information [www.westforyouthsoccer.com](http://www.westforyouthsoccer.com)

#### **\* One-time membership to Tyngsboro Sports Center**

All participants are required to have a valid membership for Tyngsboro Sports Center which includes participant insurance and a 10% discount in the pro-shop. You may already have a membership if you are playing indoor soccer or other sports at Tyngsboro Sports Center. If you do not have a valid membership you may purchase a membership on-line through Tyngsboro Sports Center or complete the Membership form and bring the form and the \$12 fee with you to the first session. See the "Membership" tab at [www.tyngsborosportscenter.com](http://www.tyngsborosportscenter.com).



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## 2010 Winter Skills Clinic Mail-In Registration Form

Please mail completed form with a check payable to "WYSA" to:  
Carol Lawlor, 9 Shipley Circle, Westford, MA 01886

<b>Player's First Name:</b>		<b>Player's Middle Initial:</b>		<b>Player's Last Name:</b>	
<b>Street:</b>			<b>City:</b>		<b>State:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Email Address:</b>	
<b>Gender (circle one):</b> M      F		<b>Date of Birth: (MM/DD/YY)</b> /      /		<b>Current Age Group (Circle one):</b> <i>The 2010 clinics are designed for players in U8 – U16 (born between 8/1/1993 and 8/31/2002.) Indicate current age group (i.e. age group for Fall 2009 and/or Spring 2010)</i> U8      U10      U12      U14      U16	
<b>Please Register this player for the following clinics:</b>					
<b>Session 1</b>					
<input type="checkbox"/> U8 – U10 – Ball Skills and Technique Training (\$125) *					
<input type="checkbox"/> U12 – U16 – Ball Skills and Technique Training (\$125) *					
<b>Session 2</b>					
<input type="checkbox"/> U8 – U10 - Striker Clinic (\$125) *					
<input type="checkbox"/> U12 – U16 - Striker Clinic (\$125) *					
* Requires \$12 current Membership to Tyngsboro Sports Center (see front of this form for details)					
<b>Emergency Contact Name:</b>			<b>Emergency Contact Phone Number:</b>		
<b>Doctor's Name:</b>			<b>Doctor's Phone Number:</b>		
<b>Does your player have any medical conditions we should be aware of? If none, please write "NONE."</b>					
<b>Parent/Guardian1 – Name:</b>			<b>Address (Street, City, State, Zip) – if different from player</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>E-Mail:</b>		

**LIABILITY RELEASE** I, the parent/guardian of the above named registrant, a minor, agree that I and registrant will abide by the rules of WYSA, MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WYSA/MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Program"), I herby release, discharge and/or otherwise indemnify WYSA/MYSA/USYSA, its affiliated organizations 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 Program(s) and/or being transported to or from the same, which transportation I herby authorize.

**MEDICAL CONSENT** As parent or legal guardian of the above-named player, I herby 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.

**CREDIT/REFUND POLICIES:** I understand that no refunds will be issued for the 2010 Winter Skills Clinics.

**Parent/Guardian Signature:** \_\_\_\_\_  
Your signature indicates that you agree with all the statements above.