

# Thelo United Futbol

U9 & U10 Developmental Program



**Location: Rex Putnam High School (turf)**

**Sunday's only:**

October 3 <sup>rd</sup>	Boys 4-5:30 / Girls 5:30-7 pm
October 10 <sup>th</sup>	Girls 4-5:30 / Boys 5:30-7pm
October 17 <sup>th</sup>	Boys 4-5:30 / Girls 5:30-7 pm
October 24 <sup>th</sup>	Girls 4-5:30 / Boys 5:30-7pm

**Fee – (for all four sessions)**

**Milwaukie SC (MSC) / North Clackamas SC (NCSC) / Gladstone SC (GSC) players \$25.00**  
 Recreational players not from MSC, NCSC, or GSC \$35.00

**Thelo United Developmental Program: U9 & U10** (boys and girls)

Thelo United Futbol has designed a developmental program to increase the level of play for recreational players in our area. The program is designed to have fun while building players' soccer skills. Emphasis is placed on learning the advanced skills while focusing on applying these skills in game like conditions.

Advanced registration for this program is STRONGLY recommended as enrollment is limited.

*Participants should bring the proper soccer clothing, cleats, shin guards, a ball, and plenty of water. Please be at the field a half hour early on the first Sunday to register.*

Please make checks payable to: *Thelo United Futbol*  
and mail to: **Thelo United Developmental Program, P.O. Box 67233, Milwaukie, OR. 97268**

*(Cut Here)*

**Release form:**

In exchange for the opportunity granted by Thelo United for our son/daughter to engage in the 2010 Developmental Program, I hereby waive and release any rights and claims I may have for damages against Thelo United Futbol, staff, its representatives and/or assignees for the conduct of the activity and rendering of services to our son/daughter in connection with this program. Parent(s) and/or guardian authorize the Thelo United Futbol Coaching Director and staff to act in the best interest of the applicant in the event of injury to said applicant.

Parent's/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration does not include insurance. In the case of an emergency notify:

\_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance is with: \_\_\_\_\_

List all medical conditions, allergies, medications, or recent injuries that applicant has had or does have that could impede participation and of which the staff should be made aware.

\_\_\_\_\_

**REGISTRATION FORM**

Players Name \_\_\_\_\_ Birth date \_\_\_\_\_

Parent's name \_\_\_\_\_ e-mail: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_