



Merrimac Soccer Club



Merrimac Soccer Club

Indoor Soccer

Merrimac Soccer Club is proud to team up with Granite Fields in Kingston NH and offer an competitive indoor soccer program during the winter months. The program consists of (3) 6 week sessions and you can participate in any or all sessions.

Indoor soccer offers a fast place game with minimal out of bounds stops.

U10 Teams will be comprised of a maximum of 12 player in a 7 Vs 7 format to ensure that each player has good amount of play time.

U8 Teams will be focused on 1/2 hour practice and 1/2 hour game in a instructional setting.

We are looking for both coaches and players and if you would like to participate please complete registration form by Tuesday October 27th and submit it to Merrimac Soccer Club.

We look forward to seeing you in our new program.

If you have any questions you can contact info@merrimacsoccer.com or call Kevin Freeman

New Program

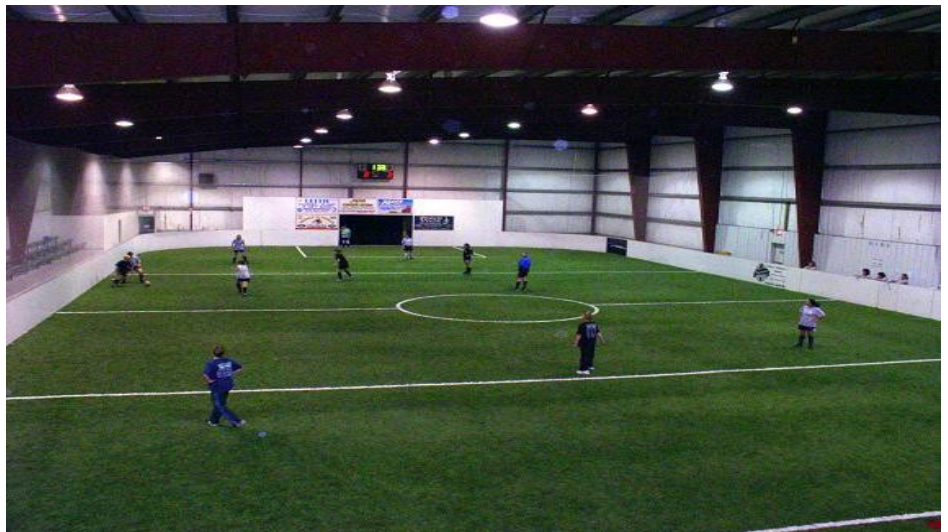
Session 1 Nov 9—Dec. 20th
U-8 Saturdays game 1 12-1PM
Game 2 1-2PM
U-10 / U-12 Girls Saturdays Times
TBD
U-10 / U-12 Boys Sundays Times
TBD

\$34 per player per session

Session 2 Jan 9—Feb 14th

Session 3 Feb 15—Mar 28th

Merrimac Soccer Club
P.O. Box 242
Merrimac, MA 01860
info@merrimacsoccer.com



Merrimac Soccer Club
U-8 , U-10, and U-12 Indoor 2009-10 Registration
REGISTRATION DEADLINE October 27, 2009

Registration fee is \$34 per session. Maximum cost per family is \$120 per session.

Please make all checks payable to MSC. Return check fee is \$25.

ALL REGISTRATIONS POSTMARKED AFTER JULY 15TH WILL BE ASSESSED A \$25 LATE FEE PER CHILD/FAMILY. WE CANNOT GUARANTEE PLACEMENT ON A TEAM AFTER OCTOBER 27,2009

**Mail to: Merrimac Soccer Club
P.O. Box 242
Merrimac, MA 01860**

- o Session 1 Nov 9 - Dec 20
- o Session 2 Jan 9 -- Jan 14
- Session 3 Feb 15 -- Mar 28

GRADE CHILD ENTERING IN FALL 2009(circle one): K 1 2 3 4

_____/_____/_____
Last Name First Name Date of Birth M/F

Mailing Address City State Zip

() _____
Phone # E-Mail Address

Mother's Name Father's Name

Medical Problems

Person to notify in an emergency? (If not a parent) () _____
Phone #

Doctor to notify in an emergency? () _____
Phone #

Volunteers are vital to make all of the MSC programs run smoothly. Will you:
_____ **Coach** _____ **Assist/Coordinate**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the MYSA and the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA accepting the registrant or its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the MYSA/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on the 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. As parent of legal 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/Guardian's Name Parent's/Guardian's Signature Date

Visit us on the Web @ www.merrimacsoccer.com