



# FALLS MICRO SOCCER

## Ages 3-5 Year Olds



**Learn to play soccer! Have fun! Make new friends!**

The focus is on teaching kids to learn and love playing soccer, be good sports, and to meet and interact with others in a fun, safe learning environment.

All players are welcome; you do not have to be part of MFSC to participate!!

**When** Wednesdays: September 10, 17, 24; October 6 and 13, 2008

**Time** 5:30 p.m. – 6:30 p.m. for ages 3, 4, and 5 year olds

**Where** Menomonee Falls High School Soccer Stadium

**Cost** \$40 per player, includes training, t-shirt and lots of fun!

**Staff** Scott Stein – MFHS Varsity Boys and Girls Soccer Coach  
 – Elementary Teacher- Ben Franklin Elementary School  
 Other former college players may serve as coaches as well as current MFHS players.

**Registration** *Send registration and check payable to:*

MFSC/All Sports Camps  
 Attn: Scott Stein  
 P.O. Box 1033  
 Menomonee Falls, WI 53051  
 Phone: 262-255-7750

**\*\*\* Cancelled check is confirmation of acceptance to the clinics. \*\*\***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

I hereby waive MFSC, Inc., the SDMF, its staff and personnel, of all responsibility for injury or damage sustained while participating in the training sessions. I acknowledge that soccer is a sport that may result in injury and thus take full responsibility for the treatment of any injury that my child may sustain. By signing this waiver, I acknowledge that the officially registered camp participant is covered by health insurance. I also agree to be available either in person or by phone if an injury does occur. I give clinic personnel permission to seek emergency treatment as is warranted, and I will provide personnel with any medical information that may be needed in order to provide appropriate emergency treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_