



Mini-Mavericks Soccer

Youth recreational soccer program for boys and girls (K through 5th grade)
Directed by John Campbell, English FA and National Licensed Coach at The Ridge Mavericks Soccer Club.

Saturday morning program – 40 minute practice followed by a 30 minute game.

Dates

	Start	Finish
Saturdays	9/18/2010	11/13/2010
	no sessions October 9th	

Ages

Players must be in Kindergarten through 5th grade (as of 9/10)

Location

Mountain Park, Basking Ridge

Practices / Games

Practices - run by John Campbell, trainers and parent coaches.

Games - run by parent coaches and official referees.

	Practice Time		Game Time	
K	8:30am	9:10am	9:15am	9:45am
1st	9:45am	10:25am	10:30am	11:00am
2nd & 3rd	11:00am	11:40am	11:45am	12:15pm
4th & 5th	12:15pm	12:55pm	1:00pm	1:30pm

Registration / Cost

\$95 per player for the 8-week session

Send completed form and check to address listed below before August 18, 2010.

Late registrations will be accepted if space exists, and subject to a \$15 late fee.

Note

A session may be cancelled due to John Campbell's schedule; however we WILL give advance notice and make up any time lost if necessary.

Mini Mavericks Registration Form

(Make check payable to "The Ridge Mavericks Soccer Club")

PLEASE PRINT CLEARLY & Mail to:

**Mini Mavericks
C/o Louise Fordham Hale
12 Tanglewood Lane
Basking Ridge, NJ 07920**

Player Name _____

Grade _____ Date of Birth _____ Male/Female _____

Parent Name _____

Address _____

Home phone _____

Emergency phone _____

Email _____

Parent Coach Volunteer Yes No (please circle one)

Players must bring a soccer ball, cleats, shin guards and a water bottle.

All registrations will be confirmed via e-mail.

Questions call Louise Fordham Hale (908) 696-8888,
or e-mail to minimavericks@optonline.net

I certify that my child(ren) is/are in excellent health and may participate in physical activity including soccer. I agree to hold the Mini-Mavericks, its agents, its employees and contractors harmless from any and all claims for injuries sustained to my child(ren) during all sessions. I grant permission for my child to receive emergency medical treatment.

Signed _____

Date _____