



Pato's Magic Soccer

P.O. Box 70502, Rochester Hills, MI 48307

www.patosmagicssoccer.com

(248) 941-5160

Recreation Soccer League!!

SUMMER SOCCER PROGRAM PREK - 3RD GRADE!

Improve your soccer skills this summer with Pato!

Practice Wed evenings, Jul 18, Jul 25

Games on Weds evenings, Aug 1, Aug 8, Aug 15, Aug 22



RECREATION FALL OUTDOOR SEASON PREK - 3RD GRADE

We offer fast paced, small sided soccer games to provide your child with maximum "touches on the ball". Saturday Games & weekday practices will be played at local schools. You can sign up as an individual player or as a whole team! Come and join the fun! To learn more, please visit our website at www.patosmagicssoccer.com or call us at 248-941-5160! Players will need shin guards, water bottle & soccer ball. Cost is \$65/season. Team T-shirts are \$15/set. Training led by our Select Soccer Trainers.

Select Soccer Teams!!

FOR INFORMATION ON OPENINGS ON U8-U18 TEAMS CALL 248-941-5160

BOYS GIRLS
(Please circle)

GRADE FALL 06 _____
(Preschool, KDG, 1st, 2nd, 3rd Grade)

COACH ASST COACH
(VOLUNTEERS NEEDED: Please Circle)

_____ \$50 Summer Season
_____ \$65 Fall Season - Starts after Labor Day
_____ \$15 Set of 2 Team T-Shirts Size (circle one) Youth or Adult Small
_____ TOTAL DUE

Please mail form, copy of birth certificate & check to:
Pato's Magic Soccer, PO Box 70502, Rochester Hills, MI 48307

Player's Name _____ Birth Date: _____ Email: _____

Address: _____ Email: _____

Home Phone: _____ Cell: _____ Ofc: _____

I understand the nature of the physical demands of this activity and the policies set forth by Pato's Magic Soccer. Additionally, I have noted in writing any medical or physical condition, which might affect participation. I therefore release any and all rights or claims for damages against Pato Margetic, Avondale Com Schools, Rochester Com Schools, MYSL and all individuals assisting in the instruction or conduction of their activities for any and all injuries, loss or damage suffered by myself or the participants at or in any way connected with these injuries. Additionally, I understand the instructional staff of this activity reserve the rights to remove any member from this activity without refund for unsportsman-like conduct. I authorize Pato Margetic and his assistants to medically treat my child or seek medical treatment in case of emergency. No refunds one month prior to first practice/game.

_____ My child is not currently taking prescription medicine & has no limitations on physical activity.

_____ My child is currently taking the following medication:

Type: _____ When _____ Qty _____ Known Allergy: _____

Parent Signature