



HOLMDEL FC FIRST TOUCH SPRING PROGRAM U5, U6, AND U7

The goal of HFC's First Touch Soccer Program is to give young players an opportunity to learn, develop, and enjoy the game in an age appropriate setting. Players will receive professional training in a friendly environment that will leave them with a positive experience and a passion for the game. The program will establish players with the skills necessary at the competitive level; ball-control, coordination, passing and receiving, and ball striking.

Program (Circle One):

Advanced U7- Players born between 8/1/08 & 7/31/09

Developmental U5 & U6- All players born after 8/1/09

Program Highlights

6 training sessions, Fridays beginning April 15th

Time: 6:00 – 7:00 PM

Cost: \$100

Ages: Children born between 8/1/07 & 7/31/11

Dates: Fridays; April 15th, 22nd, 29th, May 6th, May 13th, May 20th

Location: Cross Farm Park

Address: 10 Longbridge Rd, Holmdel, NJ 07733

Contact: 732.539.7208 Holmdelfc.njx@gmail.com

Web: www.holmdelfc.org **Twitter:** @HFC_NJX

Attendees provide their own water bottle, shin-guards, and a soccer ball. Children must wear sneakers or soccer shoes. No cleats allowed in gym. Full payment is required with this form. No refunds once payment received.

Please mail checks payable to: "Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733

CAMPERS FULL NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ Email _____

EMERGENCY CONTACT: _____ PHONE _____

ANY PRE-EXISTING MEDICAL ISSUES WITH YOUR CHILD? _____

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition, to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the camp staff, Holmdel FC, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian Signature _____ Date _____

This Program is not endorsed by the Holmdel Township Board of Education