

PLAY SOCCER, FIGHT LEUKEMIA

# SOCCER CLINIC & MINI TOURNAMENT

*Led by U of M Soccer Players*



University of Michigan Soccer players, led by Lindsey MacDonald '08, are offering a soccer clinic in honor of Christoph Bartschat, a Northville leukemia patient. Christoph was playing in NSA in spring 2007 and was diagnosed after his mother noticed his lack of energy on the field. While fighting this disease, Christoph co-founded *Christoph's ALL Stars*, a non-profit organization dedicated to raising awareness of childhood leukemia; making the treatment more comfortable; and funding research to find a cure for leukemia and ultimately all cancers. This is a great opportunity for kids to have fun while supporting a worthy cause. **Sign up TODAY!**

**Who:** U5 - U13 boys and girls

**What:** *Day 1*

- Dribbling Fundamentals
- Passing Techniques
- The Art of Finishing
- Juggling and Fun Tricks

*Day 2 - 3v3 Mini Tournament*

**When:** Tuesday July 22<sup>nd</sup> from 6:30-8:00pm  
Thursday July 24<sup>th</sup> from  
6:00-7:15pm (for U5-U8)  
7:15-8:30pm (for U9-U13)

**Where:** Northville Community Park 5 Mile & Beck  
NCP-1 (by the cell tower, off of Beck)

**Why:**

- To improve a broad range of soccer skills
- To provide support for *Christoph's ALL Stars* to fund a cure for childhood leukemia
- To have fun

**Fees:** \$25 per player donation to cover both sessions.

**Contact** Anita Bartschat for additional information at [christophsallstars@comcast.net](mailto:christophsallstars@comcast.net) or 734-414-1740.

100% of Proceeds go to *Christoph's ALL Stars*

FUND A CURE - FIND A CURE

# Soccer Clinic & Mini Tournament Player Registration

*Please return registration form with payment to Christoph's ALL Stars, 46003 Tournament Dr. Northville, MI 48168*

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Age: \_\_\_\_ Donation Enclosed: \_\_\_\_\_

**Insurance Waiver & Medical Release: READ BEFORE SIGNING!**

I/ We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the child. In consideration of being allowed, to participate in any way in Northville Soccer Association (NSA) sanctioned soccer activities, the undersigned:

1. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe non-economic and economic losses which might result not only from their own actions or inaction's but the negligence of others, the rules of play, or the condition of the premises or of any equipment used, and acknowledge further, that there may be other risks not known or not reasonably foreseeable at this time;
2. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
3. Releases, waives, discharges, and covenants not to sue nor make claim against the NSA, City of Northville, Northville Township, (including the Department of Parks and Recreation) or their respective administrators, directors, agents, coaches and employees or owners/ lessors of premises utilized, for losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the "Release".
4. I attest that I am eighteen (18) years or older, and that my child is physically fit and have no known medical conditions which will prohibit participation in the sport.
5. In further consideration for my child's participation, I hereby agree to hold harmless, defend and indemnify the City of Northville, Township of Northville, Northville Parks and Recreation Department, Northville Soccer Association and their respective administrators, directors, agents, coaches and employees and owners and lessors of premises utilized, from any claims or causes of action or liability resulting from my child's conduct or injury resulting from participation in the program. I further agree to accept and abide by all the rules, regulations, code of conduct and policies stated by the Northville Soccer Association.

\_\_\_\_\_  
Parent/ Guardian Signature Date Signed

\_\_\_\_\_  
Insurance Carrier / Policy Number

## **PAYMENT INFORMATION**

Make checks payable Christoph's ALL Stars Please mail this form with donation to:

Christoph's ALL Stars

46003 Tournament Dr.

Northville, MI 48168