

McFarland Soccer Association - U14 Girls Classic Team Tryouts Informational Sheet

2012-2013 Season

Dates:

Wednesday, June 6 * 5:00 pm until 7:00pm

Rain Date: June 7 * 5:00 pm until 7:00pm

Time:

Location:

William McFarland Park U14 Field

Players will need to be wearing the proper soccer attire, bring a size 5 soccer ball, and water bottle.

Fees:

\$10 (will be applied to registration if player is selected)

- Due on June 1, walk-up participants are also welcome.

Player Cost:

~\$500 per player (+fees for uniforms)

2 - 4 Tournaments (possibly 1-2 travel tournaments)

Winter training or 1 Indoor Session during the winter months (most likely Dec-Feb)

Coaching Staff:

Head Coach: Carson Hinkley (McFarland U13 Boys Classic Coach)

- "I am a Madison native and played four years varsity soccer at Madison West. My brother and I were the 3rd and 4th players in school history to claim a varsity spot as freshman behind Mike Bell, who later was the captain at UW Madison, and Mike Essert. My senior year I was voted MVP after a season where we made it to the state semi-finals.
- I was a part of the Wisconsin Olympic Development Program throughout high school and played with and against many of the top players in the country.
- I played club soccer my entire life for the Madison 56'ers. At the club level I was part of numerous state championship runner-up teams. Typically losing in the state final to the Milwaukee Kickers Nationals. I also played on a team in Holland against Dutch junior professional teams for a summer between my Freshman and Sophomore years in high school.
- After high school I played club soccer in Madison, New York City, and San Diego with teammates who had played at a very high level throughout the world. I currently play in the Madison Soccer Men's Open League for the Celtics. This league includes many ex-UW-Madison and other Division 1 players. "

Team Manager: Mike Chandler 608-239-0151

Please contact Carson Hinkley, 858-349-7913, mrcwhinkley@gmail.com or Mike Chandler 608-239-0151 mchandler97@charter.net for any further questions regarding tryouts or team placement prior to tryouts.

Commitment Level:

All players are expected to have a solid commitment to the team and their coaches. This means attending, to the best of their ability, all practices, games, and tournaments. Coaches will make a solid commitment to each and every player to ensure that they are getting the proper coaching, skills building, and training.

Schedule:

<u>Fall</u>	<u>Winter</u>	<u>Spring</u>
2 practices per week	6 game Indoor soccer session	2 practices per week
8 game season/ 1-2 Tournaments		8 game season/1-2 tournaments

Team Selection:

Kids will be notified through e-mail starting on June 18.

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First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Player's Current Club/Team _____ Position(s) _____

Kids Home Phone Number _____ Birthdate ____/____/____ (must be younger than 08/01/1998)

** Family Email _____ School _____

** Family Email (alternate) _____

Grade Entering in Fall _____ Kids Cell Phone _____

Parent/Guardian Name _____ Home Phone _____ Cell _____

Parent/Guardian Name _____ Home Phone _____ Cell _____

Name of Physician _____ Clinic _____ Phone _____

Allergies or Health Conditions _____

Emergency Contact _____ Phone _____ Relationship to Child _____

****Team selections and other important communication sent via email; PLEASE PRINT LEGIBLY!**

Release of Liability

I, the parent/guardian of the individual named above, do hereby agree to indemnify and hold harmless McFarland Soccer Association and its employees, officers and agents from and against all liability resulting from participation in the soccer tryout activities. I understand that the program, in which I am enrolling, like all activity and sports programs, has some inherent risk, for which I agree to assume liability. Furthermore, the individual named herein is in good physical health, appropriate for the activities in which he or she will be participating. I understand that the McFarland Soccer Association does not provide accident insurance. In the event of a medical emergency and I cannot be reached, I authorize the McFarland Soccer Association to obtain medical treatment for my son, daughter or legal ward.

Signature of Parent or Legal Guardian _____ Date: _____

Please mail all Registrations to: Mike Chandler, 5920 Exchange St., McFarland, WI 53558; or register on site at the William McFarland Park U-14 Field.

\$10 checks made payable to: McFarland Soccer

McFarland Soccer U14 Classic Girls Registration Form