



U10-12 Spring Soccer Academy  
April 13 - June 3, 2010 Smith Fields  
Tues & Thurs 5:30pm to 7:00pm  
www.flatheadrapids.com  
www.whitefishsoccer.org

In collaboration with:  
Glacier United Soccer Club  
PO BOX 241 Whitefish, MT 59937  
Tel: (406) 881-4051  
glacierunited@gmail.com

Player's Name: \_\_\_\_\_ M or F

Soccer Experience (all yrs): \_\_\_\_\_ Select Exp. (yrs): \_\_\_\_\_ School: \_\_\_\_\_

Age (Circle): 9 10 11 12 Grade in Fall: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_  
(Youth X-Small, Small, Medium, Large)

Parent's Name(s): \_\_\_\_\_

Phone Number (home): \_\_\_\_\_ Phone Number (work): \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**WAIVER OF LIABILITY**

I understand that the Glacier United Soccer Club is a volunteer recreational program. I have been warned and I am aware that there is a risk of being injured inherent as a result of participating in any sporting activity. I am aware that injury may be severe, including, but not limited to fractures, damage to internal organs, ligament, muscle and tendon injury, but nevertheless allow the named minor to participate in Association activities. I do hereby waive any and all liability on the part of Glacier United Soccer Club, Montana Flathead Rapids, academy coaches, officials, and other volunteers, the City of Whitefish and the Whitefish School District. I also do hereby authorize the officers or coaches of Glacier United Soccer Club to transport as required the named minor to Association sponsored activities.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT - MINOR**

I hereby give my consent for all medical treatment prescribed by a fully licensed Doctor of Medicine for \_\_\_\_\_ as his/her parent or guardian. This medical care may be given under whatever conditions are necessary to preserve the life, limb or well being of the named minor.

DOCTOR TO NOTIFY: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications are also available on web site. Fill out one application per player. Please watch pricing deadlines on back (2nd page) and pay the required fee based on date post marked. Mail forms - a separate form for each player - along with registration fees / jersey payments to above address.

Fees and Registration Dead Lines

**\$175.00 per player**

**Deadline for Registration = MARCH 25, 2010**



Please make checks payable to GLACIER UNTIED  
Glacier United Soccer Club (GU)

Mail to: PO BOX 241 WHITEFISH, MT 59937

*Financial assistance may be available upon written request to GU at above address.*

**Equipment and Uniforms**

**Five S's: Shirt, shorts, shoes, socks, shin guards are required.**

Each academy participant will receive a T-shirt, Short, and Ball with their registration fees. Participants are not required to wear the T-shirt at each session, because scrimmage vests will be utilized as a more versatile option. General athletic shoes or soccer cleats (no METAL cleats allowed) and shin guards are required. Both are sold at local sporting goods stores, thrift stores, or rummage sales.

**PLAYERS ARE REQUIRED TO BRING THEIR BALL TO EACH SESSION.**

**PARENTS CODE OF CONDUCT**

I will support my child, his/her coaches, all referees, assistant referees, and other spectators.

**My child:** I will **encourage** my child **positively**. Be responsible to drop off and pick up at games and practices **on time**, and work with my child on the skills of the game. (GU does not take responsibility for children instructed to walk home from GU activities.)

**Coach:** I will always show respect to coaches. If I have concerns, I will: 1) Talk privately with the coach; 2) Talk with the GU Board if I still have concerns. The GU Board of Directors will make all final rulings on conflicts or concerns between parents and coaches, and I will abide by these rulings.

**Referee:** I will respect the referees in my comments. Most of the referees are students trained by GU. They will make calls that are not always agreed with. **Referees are to be respected as the final authority on the field.** If I have concerns about referees or their calls in a match, I will address the GU Board with my concerns or complaints. I will abide by GU's rulings in all cases concerning referees.

**GU's goal is to develop good sportsmanship, a positive attitude, basic soccer skills, and to above all have fun!!!!!!!!!!!!**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parents must sign the Parents Code of Conduct in order for their children to be enrolled in GU's recreation soccer program. If at any time parents intentionally violate the Parents Code of Conduct; GU has the right to remove their children from the program.

**For Club Use Only**

Fee enclosed: 1st Child \$ \_\_\_\_\_

Add Child (same household) \$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_

Jersey/Short(s) ordered: Youth Sizes: \_\_\_\_\_ \$ \_\_\_\_\_

Check # \_\_\_\_\_ Date: \_\_\_\_\_ TOTAL \$ \_\_\_\_\_