



### **Player Development Soccer Academy, Florida High**

The Coaching staff of the FSUS Florida High Lady Seminoles Soccer program is pleased to invite you to the 2010 Spring Soccer Academy for 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> Graders. The Spring Soccer Academy is a part in the series of the continuing skills development of the Player Development Soccer Academy at Florida High and is open to both boys & girls. What a great way improve your soccer skills while you are having fun playing soccer!

The Spring Soccer Academy is 8 weeks long and consists of training session on Tuesdays from 3:30-5pm and games on Friday from 6pm.

*All Training sessions & Games will emphasize Fun through Fundamentals: Ball Handling Skills, First Touch, Passing, Receiving, Shooting, Games and lots more fun!*

**Practices Starts: Tuesday, March 16 from 3:30pm to 5pm (& every Tues thereafter)**

**First Game is: Tues, April 6 @ 6pm; Second game is Fri. April 9 @ 6pm**

**Games are every Friday after April 9. Last Game is: May 21st at 6pm**

**DUE TO SPRING BREAK, NO PRACTICES OR GAMES FROM:  
MARCH 26 THROUGH APRIL 4**

The fee for the whole spring season is \$50 per player, and \$45 for each additional sibling. This fee goes to the Florida High Girls Soccer Program which supports a middle school, a JV and a varsity team. Participants will be provided a solid base in the fundamentals of soccer skills and a Lifetime of fun memories. Players will also be provided with a Game Day T-shirt. All sessions are at Florida High; Come dressed with shin guards, a ball and water. For more information contact Coach Raddar at: raddark1@aol.com or (850) 591-1568

To register, please print & mail to:

Betsy DeVerteuil  
3909 Reserve Drive #1613  
Tallahassee, FL 32311

**SPRING SOCCER ACADEMY REGISTRATION AND  
MEDICAL/LIABILITY RELEASE FORM**

**Parents, Legal Guardians:**

Please read, understand and if agreeable, sign the document below, which will allow your child to participate in the Spring Soccer Academy.

I, the undersigned, hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, or sickness, etc. I will be responsible for the payment of such treatment. I release Coach Raddar, FSUS Florida High, the coaches and trainers, from all and any liability suits regarding my child's participation in the above mention academy.

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ (YXS, YS, YM, YL, YXL)

Known Allergies \_\_\_\_\_ Emergency Contact & number \_\_\_\_\_

Special Requests \_\_\_\_\_

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

Date \_\_\_\_\_ Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent's Email \_\_\_\_\_ Parent's Email \_\_\_\_\_

Parents mailing address \_\_\_\_\_

**This Academy is co-ed and is open to ALL 3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> graders, boys & girls**

Paid by: \_\_\_\_\_ (check #) Make checks payable to FSUS Girls Soccer \_\_\_\_\_ (cash)