



# GOALKEEPER TRAINING

BLAINE SOCCER CLUB ★ PO BOX 49043 ★ BLAINE, MN 55449

★ 763 792 7369 [www.blainesoccer.org](http://www.blainesoccer.org)

**IMPROVE YOUR GOALKEEPING SKILLS AT BLAINE SOCCER CLUBS GOALKEEPER TRAINING**  
Former MN Thunder Professional Goalkeeper Joe Warren will conduct the sessions

Dates: Nov 2, 9, 16, 23, 30 (Monday Nights)  
U12 – U16 Keepers: 8:00pm - 9:00pm  
INDOOR @ THE NSC FIELDHOUSE

**Cost for the 5 session program is \$50**

Mail-In Registration to: GOALKEEPING, BLAINE SOCCER CLUB, P.O. Box 49043, Blaine, MN 55449.

REGISTRATION IS ON A FIRST COME FIRST SERVED BASIS (Limited group size).

Name: \_\_\_\_\_ AGE: \_\_\_\_\_  Male  Female  
First Last

Address: \_\_\_\_\_  
Street City Zip code

Telephone Number: \_\_\_\_\_ E Mail (Please Print): \_\_\_\_\_

2010 Team (Age group, Coaches Name) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell or Work Number \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell or Work Number \_\_\_\_\_

Any Medical Problems or Restrictions the Player Has: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

Physician/HMO/Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Blaine Soccer Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Blaine Soccer Club accepting the registrant for its soccer programs and activities (the 'Programs'). I hereby release, discharge and/or otherwise indemnify the Blaine Soccer Club, it's affiliated organizations and sponsors, their employees, and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

\_\_\_\_\_  
Signature of Parent or Guardian Date

Consent for Medical Treatment As the parent/legal guardian of a registrant in the Blaine Soccer club programs; I hereby give my consent for EMERGENCY medical care by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

\_\_\_\_\_  
Signature of Parent or Guardian Date