



Futsal
 P.O. Box 106, Fremont NH 03044
 www.fremontathleticassociation.org

FAA Only
Paid: _____
Check #: _____
Initials: _____
Code of Conduct: _____

WEB SITE

Check the Fremont Athletic Association website: www.fremontathleticassociation.org,
 Send questions to Glenn Sabalewski at Sabalewski@comcast.net or David Richard at DavidJRichard@comast.net

FUTSAL

Who: **Travel level, middle school, high school level player**
Recreation level starting at the U8 level

What: Futsal – a special ball that allows the player to work on developing ball skills. We will play at Sanborn Regional High School. We make use of small goals and/or simulated futsal goals. No formalized teams will be created. No uniforms will be handed out. Teams will be created based on who shows. Each week, the coaches will create balanced teams and divide up the players using training bibs.
The goal is to simply to improve individual ball handling skills and speed of play

When: **FOR TRAVEL AND HIGH SCHOOL LEVEL: Sundays, Dec. 11 and 18; Jan. 8, 15, 22, 29; Feb. 5, 12, 19, 26 (U10 travel up through middle school will play 11:30 a.m. to 1 p.m. High school will play 1 to 2:30 p.m.)**
FOR U8 and U10 RECREATION: 10:30 to 11:30 a.m. on Sundays, Jan. 8, 15, 22, 29 and Feb. 5

Where: Sanborn Regional High School gym (Kingston)

Cost: All fees are used for payment for a school employee required to work gym is used and for futsal equipment.

- o **\$15 ~ Recreation levels U8 / U10 (5 weeks)**
- o **\$35 ~ Travel level U10 / U11 / U12 level, Recreation U12 (10 weeks)**
- o **\$35 ~ Travel level U13 / U14 level, and Middle School (10 weeks)**
- o **\$35 ~ High School level, JV and varsity (10 weeks)**

Why: To improve, players need to have ball touches. The purpose of futsal training is to provide the players an opportunity for more touches on the ball and to **experiment** with their teammates some moves they may not feel comfortable to try in a competitive environment.

Equipment: No cleats, no shinpads, indoor shoes (no cleats)

REGISTRATION FEES and DIVISIONS
 Make checks out to **FAA** (Fremont Athletic Association)

TRAVEL/REC U10/MS/HS: \$35.00
RECREATION LEVEL U8/U10: \$15.00

Check should be made out to FAA and mailed with the form to:
 FAA, PO Box 106, Fremont, NH 03044

PLAYER INFORMATION

NAME: _____ **BIRTHDATE:** ____ / ____ / ____

PHONE #: (HOME) _____ **Father Cell:** _____ **Mother Cell:** _____

ADDRESS: _____

FATHER: _____ **MOTHER:** _____

EMAIL (PLEASE): _____

HEALTH CONCERNS: Please describe: _____

2016 **FALL Recreation Information** **Town:** _____ **Level:** _____

2016 **FALL Travel Information** **Town:** _____ **Level:** _____

2016 **FALL School Information** **Town:** _____ **Level:** _____



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EMERGENCY CONTACT INFORMATION

CHILD'S DOCTOR: _____ **PHONE #:** _____

HOSPITAL of CHOICE: _____ **PHONE #:** _____

PLEASE list the names of TWO PEOPLE who will assume TEMPORARY CARE of YOUR CHILD IF YOU CANNOT BE REACHED.

NAME: _____ **PHONE #:** _____

NAME: _____ **PHONE #:** _____

Release and Waiver of Liability and Indemnity Agreement

In recognition of the permission granted to the participant named on this form to participate in the YOUTH SPORTS PROGRAM, I/We SHALL RELEASE, WAIVE DISCHARGE AND CONVENANT NOT TO SUE the Town of Fremont, the Fremont Athletics Association/Recreation Commission, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore because of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Fremont, the Fremont Athletic Association/Recreation Commission, its agents and employee or otherwise while the named participant participates in Fremont Youth Sports.

I/We further agree to indemnify the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees from any and all liability, loss, or damage including but not limited to bodily injury, illness, death or property damage that the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Fremont, the Fremont Athletic Association/Recreation Commission, their agents or employees and whether or not such liability is sole, joint or several.

I/We am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Fremont, the Fremont Athletic Association/Recreation Commission that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/We assume the risk of participating.

I/We understand that the above program involves traveling to various sites. I/We will accept full responsibility for the transportation of my child to and from these activities. I/We release, indemnify, and hold harmless persons providing such transportation

I/We understand that incase of accident or serious illness, I/We request the Fremont Athletic Association to contact me. If the Fremont Athletic Association or its authorized representative is unable to reach me, I hereby authorize the Fremont Athletic Association to contact the Physician indicated on the front of this form and to follow his/her instructions. If it is impossible to contact this Physician, the Fremont Athletic Association may make whatever arrangements necessary.

I/We, the parents/legal guardian, the undersigned, have read this release and understand all its terms. I/We execute is voluntarily and with full knowledge of its significance. I/We have executed this release on this date indicated next to my/our names.

 SIGNATURE OF PARENT/GUARDIAN

 DATE