

# 2016/17 FUTSAL INDOOR SOCCER OPEN DIVISION (HIGH SCHOOL & UP)

**Futsal Promotes:** Goal Scoring, More Touches per Player, Teamwork, Ball Control, Ball Skills in Tight Spaces, Creativity, Passing, Conditioning etc. Small sided game that will improve outdoorplay.

**Registration Deadline:** 12/12/16 Forms can be completed online

<http://www.heartlandssportscommunity.org/> or turned in to Motomart, Mary Jane Burgers & Brew, or Buff Motors.

**Fee:** \$30 (Please make check payable to Heartland Sports)

**Season:** Season will run from December 2016 through February 2017.

**General Information:** Games will be played primarily on Friday evenings and some Saturday afternoons at the Perryville Park Center. Games will be played in two 20 minute halves. 5 v 5: Four field players along with a designated goalie.

**For information contact Matt at (573) 517-1029, or Jeff at (573) 768-2632.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of preferred teammates: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Experience (please circle):**   None   Recreational   All-Star   Club   HighSchool   College

Cell Number: \_\_\_\_\_

Parent: \_\_\_\_\_ Number: \_\_\_\_\_

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

**Interested in being a player coach:**   YES   NO

I/We, the parent or legal guardian of the above-named candidate for participation in the FUTSAL League here by gives my/our approval to their participation in any and all Perryville Parks & Recreation activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Perry Park Center and City of Perryville organizers, sponsors, supervisors, participants, and persons transporting my/our child, weather the result of negligence or from any other cause. I/We also understand that the fee covers only the supplies and official's fees and that the Perry Park Center and City of Perryville does not have medical insurance. I/We agree to return upon request any equipment issued to our child in as good of condition as when received except for normal wear and tear.

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

\_\_\_\_\_  
Date

