



2011 Individual/Group Training



Program Information

Magic City Soccer's individual/group soccer training program will accelerate players learning with one of our highly trained staff. The purpose of this very specialized training program is to enable players to receive individual instruction in specific areas of the game which would be difficult to teach in a large team environment. Your personalized soccer experience will begin at a pace dictated by you. You can expect organized training sessions that are structured according to your strengths, weaknesses, and developmental needs. Each session will be tailor made to fit you, building confidence and improving you as a soccer player.

Dates

- Available All Year
- 1 hour sessions
- Conducted @ time/location convenient for you
- The cost is \$30 for individual
- \$20/player for groups of 2 or more

Magic City 2011 Registration Form

Name: _____
 Age: _____ DOB _____ M/F _____
 Address: _____
 City: _____ Zip: _____
 Parent/Guardian's
 Name/s: _____
 Phone _____
 Emergency Phone # _____
 Email Address _____

Group Players

- _____
- _____
- _____
- _____

All players need to turn in separate registrations and list group players to receive group pricing

Payment:

Ck _____ or CC _____
 CC# _____
 Exp. Date _____ Security Code _____
 Signature _____
 Name on Card _____

Please list goals you would like to achieve by attending training

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Please note to obtain certain goals, the skills required to achieve them may require more than one training session.

Parents release for medical treatment:

My child has my permission to play soccer. On my child's behalf I hereby release persons with Magic City of liability for injury from risks normally associated with playing or watching soccer. I authorize the coaches or training officials to obtain medical attention for my child in case of any emergency if unable to reach the physician stated below, and I release them from any responsibility for such medical attention.

Parent/Guardian Signature _____
 Name of Physician: _____
 Phone: _____

Please list any known ALLERGIES, DISABILITIES, or MEDICAL PROBLEMS:

- _____
- _____
- _____

Mail to: Magic City Soccer

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 Office: 406-294-9480

www.magiccitysoccer.net

