



Little Strikers Academy

2010

F.C. Portland’s Little Strikers Academy is a fun-based program that offers proper training, early skills development, and the beginnings of a life-long love for the game of soccer to children between the ages of four and six. The program is designed to: promote decision-making skills; share an excitement for soccer; offer a basic and well-rounded athletic activity; give guidance on and off the field (*We teach more than soccer!*); and provide quality coaching, fun interactions, and great memories to fledgling athletes.



REGISTRATION CHECK LIST

Once your player has been encouraged to join the Little Strikers Academy Program, please bring or send the following items to the F.C. Portland Academy office to complete the registration process:

- 2010 Player Registration Form**
- Medical Release Form**
- Check / Cash / Credit Card for Training Fee payment**

LITTLE STRIKERS ACADEMY TRAINING CALENDAR

Spring/Summer May thru June:	Includes 2 outdoor training sessions per week for 2 months
Summer/Fall mid-August thru mid-October:	Includes 2 outdoor training sessions per week for 2 months
Spring/Fall May-October (as noted above):	Includes 2 outdoor training sessions per week for 4 months total

AGE ELIGIBILITY

4, 5, or 6 Years of Age

between 05/01/2010 and 10/31/2010

Children turning 4-years-old during these months are welcome to join Little Strikers Academy.

Children turning 7-years-old during these months are welcome to join Little Strikers Academy or move up to the Junior Academy for players between 7 and 9 years of age.

For more information, contact: Jason Carney
jason.carney@fcportland.org | (503) 439-8364

LITTLE STRIKERS TRAINING FEES (NON-REFUNDABLE)

- Spring/Summer | May thru June :** \$160 for 2 months
- Summer/Fall | mid-August thru mid-October:** \$160 for 2 months
OR
- Spring/Fall | May-October (as noted above):** \$275 for 4 months

ADDITIONAL for NEW LITTLE STRIKERS MEMBERS

- Little Strikers Membership Fee (non-refundable):\$50***
** This is a one-time fee for new Little Strikers members.*
- Gear Kit: \$FREE!!**
On first registration, each new player will receive a Size 3 soccer ball and an F.C .Portland Academy t-shirt. Players will provide shorts, socks, shin-guards, shoes, and water. F.C. Portland players to wear NIKE brand gear.

FC Portland Academy is a NIKE Premier Soccer Club.

A Nike Premier Club



Established in 1987 by Clive Charles



Little Strikers Academy

2010

Player's Legal Name: _____

Gender: M F

Date of Birth: ____/____/____

Address: _____

Age Eligibility: 4, 5, or 6 years of age
between 05/01/2010 and 10/31/2010

City/State/Zip: _____ Home Phone: (____) _____ - _____

Parent's Name: _____

Parent's Name: _____

Employer: _____

Employer: _____

Phone: (____) _____ - _____ cell work

Phone: (____) _____ - _____ cell work

Primary E-mail Address: _____

NOTE: E-mail is our primary form of communication, so please print your e-mail addresses neatly.

Secondary E-mail Address: _____

Recreational Club Affiliation: None Club Name: _____

Grade in Fall 2010: _____

State of Birth: _____ Please submit copy of birth certificate with registration form.

Emergency Contact: _____ Relationship: _____ Phone: (____) _____ - _____

Health Insurance Co.: _____ Group #: _____ Member ID #: _____

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- Gear Kit: \$FREE!! Please circle Youth T-shirt size: S M L XL

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Release of Liability and Fee Payments

I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of F.C. Portland Academy (hereafter referred to as FCPA), its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for FCPA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify FCPA its affiliated organizations and sponsors, their Board of Directors, 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 result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I give my permission for all medical care deemed necessary by a duly licensed doctor of medicine in my absence, for my dependent.

Furthermore, by my signature below, I acknowledge and accept that **all fee payments are non-refundable** should I withdraw my child from the Little Strikers Academy for any reason other than serious injury.

Parent/Legal Guardian Name: _____ Signature: _____ Date: ____/____/____

Credit Card Payment Authorization

Visa or MasterCard #: _____ Expires: ____/____/____

Authorized Signature: _____ Authorized Amount: \$ _____

Office Use Only

Paid \$ _____

Ck/CC # _____

Date: ____/____/____