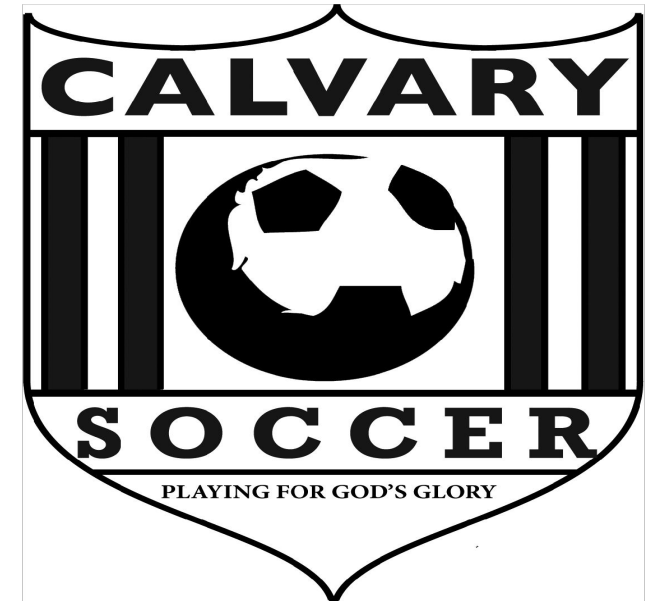


Calvary Fellowship Church

Fall Indoor Soccer LEAGUE

@

United Sports Training Center



Directions to USTC

United Sports Training Center
1426 Marshallton-Thorndale Road
Downingtown, PA 19335
Phone 610-466-7100
Fax 610-466-9314

From Downingtown Interchange, Pennsylvania Turnpike (points east and west)

Exit at the Downingtown Interchange of the PA Turnpike; travel South on Rt. 100 to the intersection of Rt. 113. Turn right. Follow Rt. 113 South to Rt. 30 (bypass). Take a right onto Rt. 30 (bypass) West to Thorndale/Rt. 340 Exit. Turn left onto Rt. 340 East. Proceed through 3 traffic lights and USTC is on the right approximately 1 mile up the hill. Underpass height 15+ ft.

From Wilmington, DE/West Chester, PA and South

Rt. 202 North to the Rt. 322 (Downingtown) Exit. Exit on right hand side and proceed through 2 traffic lights. At stop sign 1 mile further ahead, make right onto 322 West; travel approximately 2 miles and turn left onto Hall Rd.

(following signs for Highland Orchards). When Hall Rd. dead ends, turn right onto Marshallton-Thorndale and go approximately 3 miles to traffic light (Poorhouse Rd.).

After light, USTC is located left.

From King of Prussia, PA

Take Rt. 202 South and exit at Rt. 30 West (following signs to Coatesville/ Downingtown). Exit Rt. 30 at Thorndale/Rt. 340 Exit. Turn left at exit onto Rt. 340 East. Proceed through

3 traffic lights and USTC is on the right approximately 1 mile up the hill.

Underpass height 15+ ft.

Questions??

Contact Cheryl at emercury@calvary-fellowship.org

Or

call the Wonderworks Office at 610-363-7171 x2020

Kick off & Registration Night

Sept.22

5 Week League

Monday Nights

October 13– November

10

4 years old (by October 13)

Thru 6th Grade

Boys & Girls

Adapted Special Needs

Staff Available

Calvary Fellowship Church
Fall Indoor Soccer League
 @
**United Sports
 Training Center**
 Downingtown, PA

Cost: \$50

Make checks payable to
 Calvary Fellowship Church

Late Fee: \$5 after 10/6

League Dates:

October 13 - November 10th

League Time

6-7 pm - 4& 5 years old
 6 -7pm - K thru 3rd
 7:15-8:30pm - 4th thru 6th

Equipment Needed

Shinguards
 Sneakers
 Water Bottle
 Soccer Ball

Age Groups (Co-Ed)

4 & 5 years old
 K/1st
 2nd/3rd
 4th thru 6th

Adapted Special Needs Staff Available

Session Breakdown

- 15 minutes of warm up and coach-led drills
- 15 minutes of devotions
- Scrimmage: 30 minutes for younger kids and 45 minutes for the older kids

Drop off/mail registration form & payment to

**Attn: WonderWorks
 Calvary Fellowship Church
 95 W. Devon Drive
 Downingtown, PA 19335**

Questions: Cheryl at cmercury@calvary-fellowship.org

Last Name	First Name	MI	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Birthday	Grade	Parent's Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City		State
<input type="text"/>	<input type="text"/>	<input type="text"/>	Zip Code
Church (If you regularly attend church, which one?)		Player information Notes, if any (Special Needs)	
<input type="text"/>		<input type="text"/>	

Coach's Name(For parents coaching their child's team)

Carpool With? (cannot guarantee)

Participation Information

How many years has your child played organized soccer? _____

PARENTS: To help us better coach your child,
AT PLAY, your child is best described as (circle one)
 ~ 1 being the least assertive and 10 the most assertive ~
 1 2 3 4 5 6 7 8 9 10

T-Shirt Sizes (circle one)
 YS YM YL AS AM AL

Parent/Guardian Information

Parent/Guardian _____
 Telephone _____

I can do one of the following for this player's team:
 Coach Support Team Parent

Emergency Contact Information

Contact Name _____
 Telephone _____
 Relation _____

Please Read Carefully (Signatures Required)

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?
 Yes No **If YES, please state condition:** _____ **Date:** _____

Emergency Authorization

In case of emergency, I understand every effort will be made to contact my child's parent or guardian. In the event I cannot be reached, I hereby give permission for emergency treatment to be given to my child. In case of accident I hereby release Calvary Fellowship Church, it's staff and volunteers from any liabilities.
Authorized Signature: _____ **Date:** _____

Waiver of Liability, Disclaimer, and Permission

I hereby release and discharge United Sports Training Center (USTC) it's agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation in United Sports Training Center. I authorize USTC, it's agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release and discharge USTC it's agents, employees, staff members, directors and officers from any responsibility or liability related thereto.
Signature of Parent/Guardian: _____ **Date:** _____

Permission To Photograph/Video

I, the parent or guardian of the above named individual, allow the use of photographs and video to be used for in-house Calvary Fellowship Church use, and for no other use than that. Such in-house use includes: website, highlight video, slide presentations, in-house flyers, and brochures. **Signature of Parent/Guardian:** _____ **Date:** _____

Office Use Only: Player Fee _____ Check # _____ Paid _____ Staff Initials: _____ Date: _____