



North Valley Youth Soccer League Winter Indoor Soccer (FUTSAL) Training

What: NVYSL is offering an indoor soccer (FUTSAL) training program .

Why: FUTSAL focuses on ball handling, control, flexibility, accuracy and technique. These skills are the backbone of outdoor soccer techniques. (In countries such as Brazil, players rarely play outdoor soccer until after the age of 13. Their early training is predominantly in the FUTSAL arena).

When: Wednesday & Thursday Evenings, Starting December 2nd, 2009.

(Facility availability may require running a session on a Friday evening or slightly altering starting time-shifts posted in advance)

Session times (typical): 5:30, 6:30 & 7:30 (may have to alter start times by 30 minutes due to school events.)

More information to be posted on the NVYSL Web Site: <http://www.eteamz.com/nvysl/>

Session Duration: Each session lasts 1 hour. Eight (8) sessions per Series.

Location: To be provided.

Trainer Bio: Mario Gonzalez has served as Director of Coaching for MACSA’s FUTSOL program since 1996. Under his direction, MACSA FUTSOL teams have won over 30 National, Regional, State and Mexican National Championships – the most of any FUTSOL program in the United States. Mario’s focus during these sessions will be on individual skill development. (MACSA = Mexican American Community Services Agency)

Fees: Individual Players - \$80 for 8 sessions. (Will not meet over Holiday Breaks)

Proof of CYSA Registration is required. (CYSA Registration fees = \$25/player – no exceptions)

Sorry, no refunds after attending first session.

For more information, contact:

- Jodi Washington, 408-921-1068, gnugirl05@gmail.com or
- Cheryl Van Zuylen, 408-254-1313, cheryl_vanzuylen@yahoo.com

To Register:

- Fill out Form and mail with payment for \$80 (make out to NVYSL) to: C. Van Zuylen, POB 32660, San Jose, CA 95152
- Registration Due: Saturday, November 28th, 2009

Player Information:

Player Name (First, MI, Last)		Player Date of Birth (MM/DD/YYYY)	
Player Address (Street, City, Zip)			
Emergency Contact			
	Name	Phone Number	Relationship to Player
Physician Name/		Physician Phone #	
Insurance Co:		Policy #, Phone #	

Fall 2009 Team Information:

Fall 2009 Team Name & Coach	Age Group (Check one)	Comp or Rec (Check 1)
	<input type="checkbox"/> U8 <input type="checkbox"/> U10 <input type="checkbox"/> U12 <input type="checkbox"/> U14 <input type="checkbox"/> U16 <input type="checkbox"/> U18	<input type="checkbox"/> Rec <input type="checkbox"/> D1 <input type="checkbox"/> D3

Date Preference: Wednesdays (1 Friday session) Thursdays (1 Friday Session), **Time Preference:** 5:30 6:30 7:30

Parent Authorization: I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the US Youth Soccer (USYS), and its affiliated organizations, (California Youth Soccer Association-CYSA and NVYSL). I, for myself and for the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators of the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player’s participation in the Programs including, without limitation, players transportation to/from any Program which transportation is hereby authorized. As parent/legal guardian of the above-named player or player age 18 or over, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of me or my dependent. (From CYSA 1601 Reg Form)

Name (Print)		Signature	Date:
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