

Husky 10TH ANNUAL 3v3 SPRING SOCCER



2010 Season • April 11–June 13

- For kindergarten through adults, all abilities, male and female, anyone who loves the game of soccer
- Noncompetitive league, no tryouts—everybody plays!
- No unpopular take-home fundraisers
- One-hour playing time—fun, fast-moving games
- Special free clinic for kindergarteners and first-graders with professional soccer trainer
- All games played on Sundays between 12 noon and 4 p.m. at Matawan Regional High School (*no games on Mother's Day or Memorial Day*)
- Fees are \$40.00 for one participant, \$70.00 for two, and \$110.00 for a family of three or more; after March 11, fees increase to \$55.00 for one participant, \$85.00 for two, and \$125.00 for three or more
- Need-based scholarships are available; call 732-566-0154 for information
- Family performance bond of \$25.00 (refundable)
- 3v3 Information:
 - Field is 40 yards x 30 yards; U6, U7, and U8 age groups play on a 20- x 30-yard field
 - Goal box is 10' wide by 6' long; goals are 4' high by 8' wide.
 - Offensive players are not allowed to touch the ball in the goal box.
 - A goal may be scored only from a touch within a team's offensive half of the field
 - Kick-ins are all indirect; the ball is kicked into play from the sidelines instead of thrown in
 - Five players per team; three field players at one time
 - No goalkeepers, no offsides
- Additional applications are available online at www.leaguelineup.com/huskysport
- League sponsors needed. Check out our website for more information.

**SPECIAL PROGRAM FOR KIDS
AGES 2 TO 5: SOCCERTOTS!**

To get more information and to enroll go to www.uspsoccer.com or call 732-963-9769

**MAIL YOUR
REGISTRATION
BEFORE
MARCH 11
AND SAVE!**

Fill out the application on the reverse side and mail to:

Husky Indoor Soccer • PO Box 168 • Matawan, NJ 07747

For further information, contact Art Perri at 732-566-0154 or Huskysport@aol.com

League Use Only: Performance Bond Registration Y A

Husky 3v3 SPRING SOCCER



Registration Form for the 2010 3v3 Spring Season

Please print clearly, supply all required information, then mail this form with **two checks** (your registration check and your performance bond check) and (for first-time players) a photocopy of your child's birth certificate.

Requests: While we try to accommodate requests and special situations, we cannot guarantee all requests can be honored. Once team rosters are made up, no changes are allowed. _____

First and Last Name _____

Street Address _____

City/State/Zip _____

Home Telephone _____

Email _____

Other Telephone _____

Father's Name _____

Mother's Name _____

Shirt Size: Youth Med Lg

Shirt Size: Adult Sm Med Lg XL

Date of Birth _____

School _____

Grade (09-10) _____

Sex (circle one) M F

Playing Experience:

_____ Seasons Indoor

_____ Seasons Outdoor

_____ Seasons Travel

_____ Seasons School Team

List any medical problems or prohibitions player may have: _____

Parents: Your Support and Participation is a Must!

We need help in the following areas. No experience necessary, training will be provided. Please number your volunteer choices in order of preference (i.e., 1st, 2nd, 3rd). (After you complete your volunteer assignment, the family bond will be refunded/check destroyed.)

_____ **Coach:** Supervise a team for the season. Are you certified? Yes No

_____ **Grouping Committee:** Place players on teams

_____ **Facility Supervisor:** Make sure games start and end on time, conduct the 50/50 raffle, etc.

Registration Statement (must be signed and dated):

I, as parent or guardian of the above named candidate for a position on a Husky 3v3 Soccer League team, do hereby give my approval to his/her participation in any and all Soccer League activities during the current season. I agree to hold Husky Sports Inc. and the Matawan Aberdeen Regional School District, their servants, agents, and/or employees and contractors harmless from any and all claims from injuries to my child during his/her participation in League related activities. Permission is hereby granted to Husky Sports Inc. for my child to receive emergency medical treatment if needed. I also certify that there are no limits to my child's participation except as stated in writing and included with this application.

Signature of Parent/Guardian _____ Date _____