

HARRISON RECREATION PRESENTS:  
SATURDAY SOCCER IN THE SOLLAZZO CENTER GYM STARTING NOV 15 FOR 10 WEEKS!



# GIVE YOUR KIDS GREAT LEARNING, FITNESS & FUN THIS WINTER WITH THE MOST INNOVATIVE & UNIQUE SOCCER PROGRAM AROUND!

## HAPPYFEET SOCCER LEAGUE FOR 2 – 5 YEAR OLDS!

A wonderful, zany, action-packed adventure with Bob The Bobcat (our bright yellow smiley-faced soccer ball) & his many antics!

Children are introduced to the fundamental skills of soccer, positioned as totally age-appropriate.

Key skills mastered include Foundation Moves, Drag-Backs, Scissors, Step-Overs & More!

The games we play reinforce skill development in an engaging & totally fun way!



\*Your child's perfect "first sports" experience

\* Professional NCAA trained coaches

\* Amazing skill development in a very short period of time

\*Non-stop action ... everyone has their own ball!

\*Significant growth in balance, coordination & overall fitness.

\* **GIGGLES GALORE**

HappyFeet for 2's: 9:15 am – 9:45 am

HappyFeet for 3's, 4's & 5's: 9:45 am – 10:30 am

DO YOU SEE THE POTENTIAL IN  
YOUR CHILD TO BECOME A  
STRONGER SOCCER PLAYER?  
WOULD THEY BENEFIT FROM  
PROFESSIONAL COACHING,  
TRAINING & GAMES?

PLEASE JOIN US FOR A  
FREE TRIAL CLASS  
ON SATURDAY, NOV 8!

## FUTURE LEGENDS SOCCER LEAGUE FOR KINDERGARTEN, 1<sup>ST</sup> & 2<sup>ND</sup> GRADES



GIVE YOUR CHILD THE SKILLS, GAME STRATEGY, FITNESS STRENGTH  
& A TON OF SELF-CONFIDENCE TO QUICKLY BECOME  
LIGHT YEARS AHEAD OF THEIR PEERS!

\*Big Play, Super Skills Focus on 1V1 Foot Skills, Fakes & Feints & Shooting  
In Both Training & Competitive Game Sessions

\*Professional NCAA Trained Coaches

\*Dramatic Skill Growth in a very short period of time

\*Focus on the 'Fun Factor' of playing a team sport! Plus an emphasis on  
building sportsmanship & responsibility.

\*The Legends Club has sent over 40 players to professional clubs worldwide  
& over 300 players to college scholarship programs around the county.

CLASS TIMES:

10:30 – 11:30 AM FOR KINDERGARTENERS

11:30 – 12:30 PM FOR 1<sup>ST</sup> & 2<sup>ND</sup> GRADES

## FREE TRIAL CLASSES

SATURDAY, NOV 8 SOLLAZZO CENTER GYM

9:15 am for 2's

9:45 am for 3's, 4's, 5's

10:30 am for Kindergarten

11:30 am for Grades 1 & 2

PLEASE RSVP TO: [nan@happysoccerfeet.com](mailto:nan@happysoccerfeet.com)

PLEASE INCLUDE CHILD'S NAME & AGE

SPACE IS LIMITED! 914-401-1720 FOR MORE INFO

# WINTER HAPPYFEET & FUTURE LEGENDS SOCCER LEAGUES AT THE SOLLAZZO CENTER – 2014/2015

Child's Name \_\_\_\_\_ [ ] Male [ ] Female Child's Age \_\_\_\_\_

Parents' Names \_\_\_\_\_ Child's Grade \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## **PLEASE CHECK THE PROGRAM YOU ARE REGISTERING FOR:**

- ( ) 10-Week HappyFeet Soccer for 2's – 9:15 am – 9:45 am -- \$199
- ( ) 10-Week HappyFeet Soccer League for 3's, 4's & 5's – 9:45 am – 10:30 am -- \$249
- ( ) 10-Week Future Legends Soccer League for Kindergarteners – 10:30 am – 11:30 am: \$299
- ( ) 10-Week Future Legends Soccer League for 1st & 2nd Grades – 11:30 am – 12:30 pm: \$299

**CLASS DATES: Nov 15, 22; Dec 6, 13, 20; Jan 10, 17, 24, 31; Feb 7**

PAYMENT METHOD: [ ] Check (toHAPPYFEET) [ ] Credit Card AMOUNT TO CHARGE \_\_\_\_\_

Credit Card Type & Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Registrations should be mailed to: **HappyFeet/MetroNYLegends 2020 Maple Hill Street, # 1184 Yorktown Hts NY 10598** OR dropped at the Sollazzo Center Office. ALL REGISTRATIONS MUST BE ACCOMPANIED BY SIGNED PERMISSION SLIP/WAIVER BELOW. NO CHILD WILL BE ALLOWED TO PARTICIPATE WITHOUT SIGNED PERMISSION SLIP ON FILE. FOR MORE INFORMATION: 914-401-1720 or email nan@happysoccerfeet.com ; no refunds after 2<sup>nd</sup> class; \$25 processing fee for cancelled registrations; sorry but no make-up classes available; any request to cancel registration must be made in writing to nan@happysoccerfeet.com no later than 2<sup>nd</sup> class of the session; full registration fee remains in effect thereafter.

### **HappyFeet/Metro NY Legends Soccer at the Sollazzo Center, Harrison, NY Permission Slip & Waiver**

I, the undersigned parent or legal guardian of the below-named player, a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows: **EMERGENCY AUTHORIZATION:** I hereby authorize each of the coaches, team parents, and/or other employees and/or officials and/or directors and/or owners of the HappyFeet/Metro NY Legends organization and/or it's related companies, to act as my agents in the capacity of activity supervisors, and I authorize each of them as well as the below-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in soccer necessarily involves play in adverse conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk. **I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED BELOW. I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM HAPPY FEET/Metro NY Legends IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.**

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation and or in the program itself, I will remove player from participation and bring such concern to the attention of the nearest HappyFeet/Metro NY Legends official.

In consideration of accepting the registration and permitting the voluntary participation of the Player in HappyFeet/Metro NY Legends' programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law Happy Feet/Metro NY Legends, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by Happy Feet/Metro NY Legends and/or it's related companies and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Happy Feet/Metro NY Legends or related company sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect. I also hereby give my permission for photography and/or videography of my child(ren)s activities related to HappyFeet/MetroNYLegends and its associated companies for public relations, advertising and marketing purposes. I agree that no compensation whatsoever will be due for my child(ren)s appearance in any such photography and/or videography and that all such images will be owned exclusively by HappyFeet/MetroNYLegends and no ownership rights whatsoever are conferred upon me or my child(ren). **ACKNOWLEDGEMENT AND CONSENT** I consent to such uses and hereby waive all rights to compensation.

Player's Name \_\_\_\_\_

Medical conditions Coach should know about \_\_\_\_\_

Parent / Guardian Name & Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact/Phone Number \_\_\_\_\_