HARRISON RECREATION PRESENTS THE

SPRING HAPPYFEET & LEGENDS OUTDOOR SOCCER LEAGUE FOR CHILDREN 2 – 12 YEARS OLD!

10 WEEKS OF GREAT FITNESS & FUN ON SATURDAY MORNINGS AT THE LMK MIDDLE SCHOOL FIELDS



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

HAPPYFEET SOCCER LEAGUE FOR 2's, 3's, 4's & Pre-K 5's

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 comes quickly! *Non-stop action ... everyone has their own ball! *Significant growth in balance, coordination & overall fitness strength. *GIGGLES GALORE

FUTURE LEGENDS & JUNIOR LEGENDS SOCCER LEAGUE FOR 5 – 12 YEAR OLDS

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 Nationally 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.

DETAILS:

- All coaches fully vaccinated; all equipment disinfected
 - Each child has their own soccer ball to play with

*WE WILL PLAY OUTSIDE WITH MAKE-UPS SCHEDULED FOR ANY CLASSES MISSED FOR WEATHER

CLASS SPACE LIMITED ... PLEASE REGISTER EARLY TO HOLD A CLASS SPOT FOR YOUR CHILD

• CALL HAPPYFEET AT 914-960-6680 WITH QUESTIONS! FULL DETAILS OVER ightarrow

н	ARRISON RECREATION PRESENTS SPRING 2024 HAPPYFEET & FUTURE LEGENDS SOCCER LEAGUE
Child's Name	[] Male [] Female Child's Age
Parents' Name	es Child's Grade
Best Phone Nu	umber Email Address
I	PLEASE CHECK THE PROGRAM YOU ARE REGISTERING FOR. ALL PROGRAMS RUN FOR 10 WEEKS AT THE LOUIS M. KLEIN MIDDLE SCHOOL FIELDS IN HARRISON!
	SATURDAYS: April 6, 13, 20, 27; May 4, 11, 18; June 1, 8, 15
	 () 9:15 – 10:00 am: HAPPYFEET FOR 2's: \$349 () 10:00 – 10:45 am: HAPPYFEET FOR 3's & 4's: \$349 () 10:45 – 11:45 am: FUTURE LEGENDS FOR 5's – 7's: \$425 () 11:45 – 12:45 pm: JUNIOR LEGENDS FOR 8's – 12's: \$425
	ETHOD: [] Check (to HAPPYFEET) [] Credit Card AMOUNT TO CHARGE
	Number:Exp Date
	rd & SignatureBILLING ZIP
Registrations & Credit Card Information should be EMAILED TO: <u>REGISTRATIONS@HAPPYFEETSOCCERNY.COM</u>	
HAPPYYFEE ⁻	ER TO PAY BY CHECK, PLEASE ATTACH TO YOUR COMPLETED REGISTRATION AND MAIL TO: T, C/O VIDPHO, 120 KISCO AVENUE, SUITE B, MT. KISCO, NY 10549. All registrations must be accompanied by SION SLIP/WAIVER BELOW. NO CHILD WILL BE ALLOWED TO PARTICIPATE WITHOUT SIGNED PERMISSION SLIP ON FILE. FOR MORE
INFORMATION: 914-960-6680 or email <u>nan@happyfeetsoccerny.com</u> Sorry but no refunds after program starts; there is a minimum number of children we need to run each class and will keep families posted of any changes.	
I, the undersigned follows: EMERGEI HappyFeet/Metro below-identified E DISCLAIMER, ASS and risk of severe concussion, brain AUTHORIZATION THE TERMS OF E/ SIGN THIS FORM TO INFORM HAPP with the stated an	o NY Legends Soccer League In Harrison, NY Permission Slip & Waiver d 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 NCY 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 o 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 Emergency Contact to consent to medical, surgical or dental examination and/or treatment. SUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves play in adverse conditions, contact with considerable force, e, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, 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 I, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED BELOW. I FULLY UNDERSTAND ACH, UNDERSTAND THAT I AND THE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I FOR MYSELF AND ON BEHALF OF PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE PY FEET/Metro NY Legends IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES. I willingly and voluntarily agree to comply nd 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 r from participation and bring such concern to the attention of the nearest HappyFeet/Metro NY Legends official. In consideration of accepting

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 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 c

Player's Name

Medical conditions Coach should know about

Parent / Guardian Name & Signature ___

Emergency Contact/Phone Number

Date