

HARRISON RECREATION PRESENTS THE

# SUMMER HAPPYFEET & LEGENDS SATURDAY SOCCER LEAGUE IN HARRISON FOR CHILDREN 2 – 12 YEARS OLD!



**GIVE YOUR KIDS GREAT LEARNING,  
FITNESS & FUN THIS SUMMER 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.

ALL LEAGUE PLAY AT THE LOUIS M. KLEIN MIDDLE SCHOOL FIELDS IN HARRISON  
FOR MORE INFO: [nan@happyfeetsoccerny.com](mailto:nan@happyfeetsoccerny.com)

914-960-6680

# HARRISON RECREATION PRESENTS SUMMER 2022 HAPPYFEET & FUTURE LEGENDS SOCCER LEAGUE

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. ALL PROGRAMS RUN FOR 7 WEEKS  
AT THE MA RIIS PARK OR LOUIS M. KLEIN MIDDLE SCHOOL FIELDS IN HARRISON!**

**SATURDAYS: July 16, 23, 30; Aug 6, 13, 20, 27**

**(    ) 10:00 – 10:45 am: HAPPYFEET FOR 2's, 3's & 4's: \$210  
CHILDREN WILL BE GROUPED BY AGE ON SEPARATE FIELDS**

**(    ) 10:45 – 11:45 am: FUTURE LEGENDS FOR 5's – 7's: \$245**

**(    ) 11:45 – 12:45 pm: JUNIOR LEGENDS FOR 8's – 12's: \$245**

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

Credit Card Number: \_\_\_\_\_ CVV \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card & Signature \_\_\_\_\_ BILLING ZIP \_\_\_\_\_

**Registrations & Credit Card Information should be EMAILED TO: [REGISTRATIONS@HAPPYFEETSOCCERNY.COM](mailto:REGISTRATIONS@HAPPYFEETSOCCERNY.COM)**

**IF YOU PREFER TO PAY BY CHECK, PLEASE ATTACH TO YOUR COMPLETED REGISTRATION AND BRING TO THE**

**SOLLAZZO CENTER DROP BOX AT 270 HARRISON AVENUE, HARRISON, NY. 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@happyfeetsoccerny.com](mailto:nan@happyfeetsoccerny.com) 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.**

**HappyFeet/Metro NY Legends Soccer League In 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 \_\_\_\_\_