

**NEW THIS WINTER  
HARRISON RECREATION DEPARTMENT INTRODUCES:**

# **FUTURE LEGENDS**



## **YOUTH INDOOR SOCCER LEAGUE EXCLUSIVELY FOR GRADES K, 1 & 2**

- **DRAMATIC SKILL ACQUISITION**
- **BIG PLAY, SUPER SKILLS FOCUS ON 1v1 FOOT SKILLS, FAKES & FEINTS AND SHOOTING IN 60 MINUTE TRAINING & COMPETITIVE GAME SESSIONS**
- **LEGENDS' DIRECTOR OF COACHING IS AN AWARD-WINNING NCAA COACH OF BOTH MEN & WOMEN**
- **PROFESSIONAL NCAA TRAINED COACHES**
- **COACHING PHILOSOPHY BASED ON THE 4 MAJOR COMPONENTS OF CHILD MOTIVATION: FUN, DYNAMIC MOVEMENT, SUCCESS & CURIOSITY**
- **THE LEGENDS CLUB HAS SENT OVER 40 PLAYERS TO PROFESSIONAL CLUBS AND OVER 300 TO DIVISION 1 SCHOLARSHIP PROGRAMS**
- **FOCUS ON THE 'FUN FACTOR' OF PLAYING A TEAM SPORT! PLUS AN EMPHASIS ON BUILDING SPORTSMANSHIP & RESPONSIBILITY.**

**SOLAZZO CENTER GYM STARTING SATURDAY, 12/10  
CLASS DATES: 12/10, 12/17, 1/7, 1/14, 1/21, 1/28, 2/4, 2/11  
4:15 – 5:15 PM; PROGRAM COST: \$299**

**CLASS SPACE LIMITED, EARLY REGISTRATION RECOMMENDED**

**CALL TONY ELMORE, DIRECTOR OF COACHING AT:  
914-401-1771 OR EMAIL [tony@happysoccerfeet.com](mailto:tony@happysoccerfeet.com)**

**FULL REGISTRATION MATERIALS ATTACHED or [www.harrison-ny.gov](http://www.harrison-ny.gov)**



Future Legends League for children in Grades K, 1 & 2 will take place in the Sollazzo Center Gym on Saturdays from 4:15 – 5:15 pm. Each week includes 30 minute **Legends Super Skills Training Session** and 30 minute game (four 6 minute “quarters”; 6 minute “half-time”). Games are played with small goals and no goal keepers. All participating children must be wearing black soccer shorts and shinguards covered completely by black soccer socks (regular long socks are not designed to allow the wearing of shinguards and are not acceptable). All items are available at good sports supply stores or directly through the Legends program at additional cost. No jewelry whatsoever (earrings of any type, rings, bracelets (including “friendship” or other “soft” wristbands, wristwatches, etc). The only allowable exception to this rule are “medic alert” bracelets, which must be taped to the arm. Games will be officiated by Legends Coaches.

### **REGISTRATION: WINTER 2011/2012**

Child's Name: \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parents' Names \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address (Please Print Clearly) \_\_\_\_\_

**PLEASE FILL OUT A SEPARATE FORM FOR EACH PARTICIPATING CHILD**

**CLASS DATES: 12/10, 12/17, 1/7, 1/14, 1/21,  
1/28, 2/4, 2/11  
4:15 ~ 5:15 PM**

**PROGRAM COST: \$299**

**PAYMENT METHOD:**  Check (Payable to HappyFeet/METRONY LEGENDS)  Credit Card

Credit Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount to Charge \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature \_\_\_\_\_

Register ONLINE at [www.happyfeetsoccerny.com](http://www.happyfeetsoccerny.com) or MAIL your registration to: HappyFeet/MetroNYLegends, 1992 Commerce St. #130, Yorktown Hts NY 10598. ALL REGISTRATIONS MUST BE ACCOMPANIED BY A SIGNED WAIVER (OVER). NO CHILD WILL BE ALLOWED TO PARTICIPATE WITHOUT A SIGNED WAIVER ON FILE. FOR MORE INFORMATION: 914-401-1771 or email [tony@happysoccerfeet.com](mailto:tony@happysoccerfeet.com)

\*For all sessions, 10% discount for sibling when registered for the same session.

\*Registration after the 2<sup>nd</sup> class will be pro-rated and a \$25 processing fee added.

\*Legends guarantees a full pro-rated refund (minus \$25 administrative fee) for the session's remaining classes if requested BEFORE the 2<sup>nd</sup> class of any session. No refunds thereafter. No refunds for missed classes & no make-ups available.

\*If you need to withdraw your child, you must notify Legends no less than 24 hours before the 2<sup>nd</sup> class of the session & are responsible for all charges until then.

**HAPPYFEET/LEGENDS at Harrison Department of Parks Program 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 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 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 official.

In consideration of accepting the registration and permitting the voluntary participation of the Player in HappyFeet programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law Happy Feet, 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 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 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 permit-ted 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.

**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 \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Email Address: \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

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