



DEVELOPMENTAL

For U3/U4 players (born 08.01.06-07.31.08)

Description
<p>Rush First Steps is designed to introduce U3 and U4 players to soccer for the first time in a small-sided team setting. First Steps will allow players to learn the basic concepts of soccer in a fun environment that will set the foundations for a lifetime of enjoyment in the sport. Focus will be placed on basic techniques and movement, but mostly on FUN!!</p> <p>Players will be assigned to small teams (up to 5 players per team) and will be playing in a 3v3 format. Teams will practice for 30 minutes and then play in a 30 minute scrimmage. Each team will have a volunteer coach who will assist with practice and games, but all teams will practice together under the supervision of the First Steps Coordinator. This will ensure a consistent level of coaching for all players at this important initial stage of their career.</p> <p>Parents are encouraged to observe practices and be available to join in when requested by the First Steps Coordinator. Any parent interested in becoming a volunteer coach should contact Ross Fowler, Director of Coaching Developmental at 303-986-5200 ext. 134.</p> <p>Two separate locations will be used – one for our Littleton based players, and one for our Central Denver based players.</p>

Location 1	Location 2
Lilley Gulch Park, Littleton	McWilliams Park / Washington Park, Denver TBD

Location 1 Times and Dates	Location 2 Times and Dates
Lilley Gulch Park, Littleton Time: 4:30 – 5:30pm Mondays 9/13, 9/20, 9/27, 10/04, 10/11, 10/18, 10/25, 11/01	McWilliams Park / Washington Park, Denver TBD Time: 5:30 – 6:30pm Thursdays 9/16, 9/23, 9/30, 10/07 10/14, 10/21, 10/28, 11/04
Cost	Staff
\$95.00 per player registration (includes T-Shirt)	Colorado Rush Coaching Staff

Deadline
Please register by Wednesday, Sept 6 th , 2010 to avoid incurring a \$15 late fee. If you have any questions, please contact Ross Fowler, Director of Coaching Developmental at 303-986-5200 ext. 134.



Players First Name	Players Last Name	Parent Name and Phone Number

Address		

City	Zip	E-Mail Address

Gender (Please Circle)		Birth Date	Location (Please Circle)	
Male	Female		1 - Littleton	2 - Denver

REFUND POLICY: Refunds will be granted: (1) if the player moves out of the Colorado Rush Soccer Club service area or (2) if the player is unable to participate due to injury or illness as documented by a physician. Refunds will not be granted: (1) if a special request cannot be honored or (2) there are conflicts with practice or game schedules. A written request for refund must be sent to the Colorado Rush Soccer Club before the first game of the season. Refunds will not be granted after the first game of the season. Refunds granted will be subject to a \$25.00 processing fee. Refunds granted between seasons are subject to the processing fee and the single season fee. We will not refund amounts less than \$10.00. **RELEASE & WAIVER** – This is to certify that the above named player is my dependent and has my permission to participate in the Colorado Rush Soccer Club program. I am not aware of any physical or health restrictions regarding my dependent's ability to participate. I understand that participation in this sports program could result in injury and I do hereby release on behalf of myself and my dependent, the Colorado Rush Soccer Club, US Club Soccer, USYSA, USSF and its affiliated organizations, Foothills Park and Recreation District, Ken Caryl Ranch Metropolitan District, City of Lakewood, Jefferson County School District, Denver Parks and Recreation District, the coaches, referees, and any other individuals or agencies connected in any way with the soccer program from any liability. As the parent or legal guardian of the above-named player, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. **APPEARANCE AGREEMENT**-I further consent and grant to Colorado Rush, permission to the worldwide right in perpetuity to use and to permit to others to use, at no cost, said child's name, voice, likeness, photograph, image (still and/or moving) and biographical material concerning that child in connection with any and all recordings or exploitations but not limited to video, audio, or internet rebroadcasts related to said child's participation in Colorado Rush Soccer Club and it's sponsored events. The undersigned hereby waives any rights to inspect or to approve any use to which it is applied. Execution of this release and waiver constitutes acknowledgement by you that you have had the opportunity to seek advice of counsel in connection with the terms and conditions set forth herein or have deemed it necessary.

I have read and agree to the REFUND POLICY and the RELEASE & WAIVER.

Parent or Guardian's Signature: _____ Date: _____

PAYMENT INFORMATION

For Payment by Visa or MasterCard, Please Complete the Following Information and Fax or Mail Application.				
Card Number			Card Owner Address	
Expiration Date	Security Code	Signature	Card Owner City/State/Zip	
Name as it appears on the Credit Card			Card Owner Phone Number	

PLEASE MAKE CHECKS PAYABLE TO: COLORADO RUSH SOCCER CLUB – MAIL APPLICATION AND CHECK TO:
Colorado Rush Soccer Club ♦ 8101 S. Shaffer Pkwy Suite 101 ♦ Littleton, CO 80127
Colorado Rush Fax Number: 303-986-5222