

# Galaxy Micro Soccer League

**Boys & Girls  
Ages 5-8**



**Professional  
Training &  
Games!!**

For players 5-8 years old seeking professional training with out the commitment to travel soccer!

All sessions will be conducted by the Galaxy Soccer Club's professional licensed staff.

## What is Micro Soccer?

The Micro Soccer League includes one (1hr) training session per week followed by games on Saturday. Small sided training and games (3v3 & 4v4) provides young players the opportunity to develop their soccer skills at their own rate by increasing the amount of touches on the ball. The smaller field brings the game to the children's size and encourages each player to become more involved in the game. Micro Soccer simplifies the rules to make the game easy and fun to learn. The Galaxy staff will arrange the teams to create the best environment for player development. More information can be found at [www.galaxysc.com](http://www.galaxysc.com) (Beginning Soccer Programs Link).

### Program Schedule & Fees

Practice: Wednesdays 5:00PM-6:00PM  
Games: Saturdays 1:00PM

Session One: April 7-May 22 (Seven Weeks)  
Practice & Games \$125  
Games Only \$60

*Program fees include practice and game t-shirt*

**All sessions will be held at:**  
Just For Kicks Soccer Facility  
10200 Soccer Drive  
Plainfield, IL 60585

### Registration

Fill out the form below and mail it along with payment to:

Galaxy Soccer Club  
530 W. 5th Avenue  
Naperville, IL 60563  
Checks payable: Galaxy Soccer Club

Phone: (630) 548-4300  
Email: [galaxysc@sbcglobal.net](mailto:galaxysc@sbcglobal.net)

Player Name \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Program Choice (circle one): Practice & Games Games Only

T-Shirt Size (circle one): Youth S Youth M Youth L Youth XL

I hereby give permission and certify my child is in good health and able to participate in all soccer activities. I release the coaches, staff and all others associated with the Galaxy Soccer club of all liability for injury or illness incurred by my child during play. In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital.

Parent's Name \_\_\_\_\_ Parent's Signature & Date \_\_\_\_\_

Distribution of information and materials through the school district does not imply district endorsement