

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 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. More information can be found at www.galaxysc.com (Beginning Soccer Programs Link).

For the winter session, Just For Kicks will be placing full teams into the recreation league to compete against Plainfield Soccer and America's Soccer Club's teams.

Program Schedule & Fees

Session will run January 6-February 27
Practice: Fridays 4:30PM-5:30PM
Games: Saturdays Morning/Afternoon

Session Fee: Practice & Games \$150
Games Only \$ 75

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

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