

# Unique Futebol



**"...the world at your feet"**

## Unique Futebol Futsal Program 2008

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Calavera Community Park GYM Carlsbad

Sundays March 30th - May 25th - 1pm - 3pm

Suggested ages 13 - 18

Fridays April 4th - May 30th - 4:30pm-6pm & 6pm-7:30pm

Suggested ages 5 - 12

**\$99 for 8 Sessions**

(US Futsal Federation approved Futsal ball \$20)

Please make check payable to:

Three Lions International

mailing address:

270 Redwood Ave.

Carlsbad, CA 92008

At last Unique Futebol Futsal is back!  
We are delighted to provide Boys & Girls expert instruction in playing Futsal and fundamental Futsal skills. With limited group sizes Unique Futsal is a great development program for youth players of all abilities. Secure your place

Player Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Age \_\_\_ Birth date \_\_\_\_\_ Allergies or medical condition? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Mother/Father Address and phone number *if different from above:*

Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Futsal Ball  Yes  No \$20

*Medical Release:* I, the parent of the player named hereon acknowledge that participation in the sport of soccer, as in any sport, may result in injury. The undersigned Parent/Guardian, therefore, releases Three Lions International, Unique Futebol, the California Youth Soccer Association-South, its Member Leagues, Teams, Agents, Offers, Coaches, and Players from all liability or responsibility for any claim, damage, or legal action on behalf of the player or the player's parents heirs, or personal representatives arising from any injury the player may sustain while participating in soccer or related activities, including transportation. I also give my consent for emergency medical care prescribed by a licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Print Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

**Martyn Hansford**

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