



## U7-U10 Alliance Development Program



The Madison 56ers Soccer Club, Magic Soccer Club, Regent Soccer Club, Shorewood Soccer Club and Middleton United Soccer Club proudly announce the Alliance Development Program (ADP).

The **ADP** is designed to provide additional opportunities for individual Alliance U7 through U10 players seeking more opportunities to play soccer. The goal is to reinforce the player's love for the game and to maximize skill development in an enjoyable atmosphere. It is an individual program and does not require leaving your current team. The **ONLY requirement** for participation is the interest and ability to make the additional time commitment to the program.

### U7/U8 Age Group

**2016 Fall Dates:** 6 Sessions - Every Sunday from September 18 - October 23  
**2017 Spring Dates:** 6 Sessions - Every Sunday from April 23 - June 4 (excluding Memorial Day Weekend)  
**Times:** Sundays 2:30 - 3:30 PM  
**Location:** West Towne Soccer Fields  
**Cost:** \$125 for 12 Sessions (Fall and Spring)  
\$65 for 6 Sessions  
**Other Information:** Each child will receive an ADP T-Shirt  
Players should bring a size 3 ball, water, and wear soccer cleats and shinguards

### U9/U10 Age Group

**2016 Fall Dates:** 6 Sessions - Every Sunday from September 18 - October 23  
**2017 Spring Dates:** 6 Sessions - Every Sunday from April 23 - June 4 (excluding Memorial Day Weekend)  
**Times:** Sundays 3:30 - 4:30 PM  
**Location:** West Towne Soccer Fields  
**Cost:** \$125 for 12 Sessions (Fall and Spring)  
\$65 for 6 Sessions  
**Other Information:** Each child will receive an ADP T-Shirt  
Players should bring a size 4 ball, water, and wear soccer cleats and shinguards

Please send the completed and signed form with payment to:

**The Madison 56ers Soccer Club – ADP**  
155 Braun Road  
Oregon WI, 53575

Contact **Ryan Uphoff**, Madison 56ers Assistant Coaching Director at [56ersAsstDir@gmail.com](mailto:56ersAsstDir@gmail.com) for questions or more information.



# Alliance Development Program 2016-17 Registration Form



Player's First Name:		Player's Last Name:		Player's Age:	
Address:			City:	State: WI	Zip:
Mother's /Guardian Name:		Mother's Phone:		Alt Phone:	
Father's /Guardian Name:		Father's Phone:		Alt Phone:	
Mother's Email:			Father's Email:		
Age Group: <input type="checkbox"/> U7/U8 Sundays 2:30 - 3:30 PM (\$125 for 12 Sessions -OR- \$65 - 6 Weeks)					
<input type="checkbox"/> U9/U10 Sundays 3:30-4:30 PM (\$125 for 12 Sessions -OR- \$65 - 6 Weeks)					
Payment Amount:		Donation to Scholarship Fund?		Total:	
T-shirt Size (check one): <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small					

## RELEASE OF LIABILITY

The undersigned parent or legal guardian of \_\_\_\_\_ the "Registrant," recognizes that soccer is a vigorous sport and that the Registrant may suffer temporary or permanent physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. I further acknowledge and understand that travel to and from games, practices, and tournaments by automobile or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above-referenced risks, and in consideration for the United States Youth Soccer Association ("USYSA"), the Wisconsin Youth Soccer Organization ("WYSA") and MAYSA Affiliated, Inc, b/d/a MAYSA and their member soccer clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, Sec. 895.525(4), Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and, all harm caused by negligence and release, discharge, and/or otherwise indemnify USYSA, WYSA and MAYSA, and their respective clubs coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action by or on behalf of the Registrant and his or her parents or legal guardians except to the extent any such claims and causes of action are fully covered by insurance procured by or on behalf of USYSA WYSA, MAYSA or their member soccer clubs.

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

\_\_\_\_\_  
Date

Remit this form with payment to:

The Madison 56ers Soccer Club – ADP  
155 Braun Road  
Oregon WI, 53575