



Seacoast United Maine's
Directors Night
at Pine Tree Academy



7 Mondays Starting August 18th (EXCLUDING Labor Day & Columbus Day)
5:30 - 7 PM
Ages 6- 14

Registered Seacoast United Maine players: Free
Non-Seacoast United Maine players: \$80 (includes a training t-shirt) - Please Make Checks Payable to Seacoast United Maine

Topics will include juggling, dribbling, passing & receiving, Possession, shooting and finishing, defending, and a weekly goal keeping session.

Times are subject to change due to weather & other circumstances.
Please check the Coastalsoccerclub.com home page for updates.

Sessions will be coached by elite coaching staff from Seacoast United Maine, including:
Jim Wade -Seacoast United Maine Coaching Director, Boys coaching Director, former men's asst coach/Colby college/region one ODP 1995/1996 Boys
Paul Cameron -Seacoast United Maine, Girls coaching Director, former Bates college asst coach, former MLS coach
Jay Dane -MLS coach
George Purgavie -Men's head coach/Bates college/NSCAA national instructor
Jeff Burroughs, boys head coach, Hyde school
Ed Thomas, men's coach/Thomas college
Maren Rojas, women's head coach/Bowdoin college
Jen Holsten, women's head coach/Colby college
Tom Monroe, women's head coach/SMCC
Steve Bishop, former keeper, UNE and keeper coach, Seacoast United Maine
Allyson Joy, NSCAA national license

Consent for Emergency Medical Treatment:

Recognizing the possibility of physical injury associated with soccer and in consideration for Seacoast United Maine and its affiliates accepting the registrant for its activities, I hereby release, discharge and/or otherwise indemnify Seacoast United Maine, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized against any claim by or on behalf of the registrant as a result of the registrant's participation and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Player Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_
Boy/Girl \_\_\_\_\_ Emergency #: \_\_\_\_\_
Age on 7/31/08: \_\_\_\_\_ Address: \_\_\_\_\_
Did you play soccer in spring 2008 for another travel club? Address: \_\_\_\_\_
(Please list club) \_\_\_\_\_
Are you now signed up to play for a travel club in fall City: \_\_\_\_\_
2008?(Please List Club) \_\_\_\_\_
What soccer position(s) do you like to play? State: \_\_\_\_\_ Zip: \_\_\_\_\_
How did you hear about our Academy? Email: \_\_\_\_\_