



Presenting  
The  
**U7-U10 Alliance Development Program**

The Madison 56ers Soccer Club, Magic Soccer Club, Regent Soccer Club, Shorewood Soccer Club and Verona Area 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. The **ONLY requirement** for participation is the interest and ability to make the additional time commitment to the program.

a.	ADP is an individual program and does not require leaving your current team.		
b.	The <b>Fall</b> ADP program runs for eight (8) weeks beginning Sunday, August 22, 2010, and ending Sunday, October 24, 2010, excluding September 5 <sup>th</sup> and 12 <sup>th</sup> . The <b>Spring</b> program will run from April 17, 2011 through June 5, 2011. The 60 minute sessions are held at West Town fields on Sunday afternoons.	U7/U8	2:30-3:30pm
		U9/U10	3:30-4:30pm
c.	Players should bring an appropriately sized ball, water, and wear soccer cleats and shinguards.	U7/U8	Size 3
		U9/U10	Size 4
d.	There is limited space available for this program. Participation is for both fall and spring seasons.		
e.	Cost: The ADP program costs \$100 per player, which includes the trainings. Scholarships are available to club scholarship players.		

Please send the completed and signed form with payment to:

**The Madison 56ers Soccer Club – ADP**  
437 S. Yellowstone Dr., Suite 109  
Madison, WI 53719

Please contact **Ryan Uphoff**, Madison 56ers Assistant Coaching Director for questions or more information. Ryan's email address is:  
[56ersAsstDir@gmail.com](mailto:56ersAsstDir@gmail.com)

Player's Last Name:		Player's Last Name:	
Address:		City:	State: <b>WI</b> Zip:
Age Group (circle one) :    U7    U8    U9    U10			
Mother's /Guardian Name:		Mother's Phone:	Alt Phone:
Mother's Email:		Father's Email:	
Father's /Guardian Name:		Father's Phone:	Alt Phone:
Payment Amount:		Donation to Scholarship Fund?	Total:

### 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