

NEO United Soccer Club Spring Outdoor

Mission

NEO United is a non-profit youth soccer organization with professional coaches for all teams at reasonable prices. Our goal is to build a child's social development and leadership through the fun of playing the great game of soccer. Our focus is on individual player foot skills and the *fundamentals* necessary to execute the tactics of organized team soccer. We offer the *best* travel-level program at the *best* value in the area!

Travel Soccer

NEO United is a "travel-level" soccer club. Our 9 year-old through high school age teams are travel-level. Our age and gender specific travel teams play in the Greater Akron Amateur Soccer Association's (GAASA) outdoor soccer league with 20+ other clubs. GAASA games are limited to the Greater Akron area and generally all within 45 minutes of Hudson. In GAASA, most age divisions have at least 4 levels of competition. Playing in a large league allows clubs to appropriately place their teams in divisions that closely match each team's level of play. Strong league play will earn a team a seat in the GAASA playoff tournament held at the end of each Fall/Spring season.

Players age 3 to 8 play in our in-house recreational league. All their practices and games are played at NC Soccer.

Players need to be committed to their team. Player practice and foot skill attendance can impact play time and starting positions.

Coaches

All coaches on our staff have diplomas from the National Soccer Coaches Association of America (NSCAA) or the United States Soccer Federation (USSF). We take pride in the quality of our coaching staff.



Facility

NC Soccer Club in Hudson, Ohio is home for NEO United. The facility encompasses 8 outdoor fields, 3 indoor fields, 2 foot skill rooms, and a Pro Shop. NC Soccer hosts 4 outdoor and 1 indoor tournaments a year. We have access to the indoor facility for outdoor practice in times of significant inclement weather. Indoor access allows us to practice during early spring (other clubs cannot due to seasonal field closures).

Outdoor Soccer

Outdoor soccer fees include 1 to 3 practices (age dependent) a week and 1 game. There are 8 league games with potentially 2 playoff games. Spring runs Apr-June and Fall runs Aug-Oct.

GAASA requires the reverse side completed and the following be submitted for outdoor players:

- DOB proof (copy of birth certificate/passport)
- Passport Size Color Photo

Indoor Soccer

Indoor soccer fees include a 1 hour practice, a 1/2 hour foot skill session and 1 game per week. There are 7 games per session. Session 1 runs Nov-Dec, Session 2 runs Jan-Feb, and Session 3 runs Feb-Mar. All games are at NC Soccer.

Sign up for:	Games	Price
<input type="checkbox"/> 1 session of Indoor	7	\$120.00
<input type="checkbox"/> 2 sessions of indoor	14	\$220.00
<input type="checkbox"/> 3 sessions of indoor	21	\$310.00
<input type="checkbox"/> 1 season of outdoor	8	\$130.00
<input type="checkbox"/> 2 seasons of outdoor	16	\$250.00
<input type="checkbox"/> Uniform (shirt, shorts, socks)		\$55.00
Shirt: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Shorts: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Socks: <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> Adult		

Spring Outdoor Deadline: Feb 9 2010

Late Fee: \$30

NEO Registration Form spring 2010

Player's Name _____ DOB _____

Parent/Guardian Name _____

Address _____

Phone _____ Gender _____

Email (print clearly) _____

Method of Payment

- Check/Cash Discover
- Visa MasterCard

Credit Card No. _____ Expiration Date _____

Signature _____

Mail to: PO Box 2251, Stow, OH 44224
GPS: 5661 Stow Rd, Hudson, OH 44236
Web: <http://neounited.org>

Phone: 330-650-2554
Fax: 330-656-1776
Email: mike@ncsoccerhudson.com

US Youth Soccer Player Membership Form

OHIO YOUTH SOCCER ASSOCIATION NORTH

League Name: _____ Age Group: _____ Male/Female: _____

Club/Team Name: _____ Player ID #: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Area Code/Tel. Number: _____

Email: _____ Birth Date: _____

Cell Phone: _____ Last Club Team Played On: _____

Mother's Birth Month & Day: _____

WAIVER OF LIABILITY:

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information in contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically

Parent/Guardian Signature: _____ Date: _____

CODE OF CONDUCT:

We, the undersigned, have read, understand and agree to abide by the GAASA Code of Conduct (www.gaasa.org) which is in place as of the date indicated below. We also agree to accept actions taken by GAASA and/or the Club for failure to conform to the Code of Conduct.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Player Release Waiver:

I understand that my child by registering for the fall is committing to play with this team for the entire soccer year and that the club will respect that commitment. However if we fail to affirm this commitment, through whatever process used by the club for all of its players, by the posted team registration date for spring play in the league in which the team plays we accept the decision of the club to release our child from this commitment.

Players Name: _____ Club & Team Name: _____

Parents Signature: _____ Date: _____