



Where: Pearson Middle School		
When: Saturdays starting January 7 th		
Time: 1:30-2:20	Time: 2:30-3:20	Time: 3:30-4:30
Cost: \$40 for 8 weeks	Cost \$40 for 8 weeks	Cost \$40 for 8 wks
Grades: K-3rd	Grades 4 th -6 th	Grades: 7+

- ❖ INDOOR COURT SOCCER/FUTSAL DEVELOPMENT PROGRAM
- ❖ Skill building and matches
- ❖ Pass, dribble and shoot
- ❖ Score goals, have fun

Now accepting sign ups

For more information contact Tanya at
860-738-6964

Mail payment with form to 338 Main St. 3rd fl

Before: Jan 4th

Participant's name _____ Grade _____ Age _____

Address _____

Mother/Guardian's Name _____ Phone: _____

Father/Guardian's Name _____ Phone: _____

Emergency Contact: _____ Phone _____

Email Address (print clearly) _____

Hold Harmless: I understand that injuries are a possibility as a result of participation in activity. I agree not to hold the Town of Winsted, The Parks & Recreation Department, it's officers, agents and employees, instructors and anyone else associated with this program from any loss, costs, expenses, injuries or liability whatsoever, kind or nature which may arise from my participation or my child's participation in this program. I also understand and agree that my own medical and /or disability insurance will be used in the event of an injury and that if I have no such insurance, that I will be directly responsible for any medical costs whatsoever.

Parents/Guardian's Signature _____ Date _____



Futsal Registration Form

Participant's name _____

Grade ____ Age _____

Address _____

Mother/Guardian's Name _____

Phone: _____

Father/Guardian's Name _____ Phone: _____

Emergency Contact: _____

Phone _____

Email Address (print clearly) _____

Hold Harmless: I understand that injuries are a possibility as a result of participation in activity. I agree not to hold the Town of Winsted, The Parks & Recreation Department, it's officers, agents and employees, instructors and anyone else associated with this program from any loss, costs, expenses, injuries or liability whatsoever, kind or nature which may arise from my participation or my child's participation in this program. I also understand and agree that my own medical and /or disability insurance will be used in the event of an injury and that if I have no such insurance, that I will be directly responsible for any medical costs whatsoever.

Parents/Guardian's

Signature _____ *Date* _____