



**BYRNE SOCCER TRAINING**  
**5 V 5 HIGH SCHOOL SOCCER LEAGUE**



This summer Byrne Soccer Training will be offering a 5 versus 5 high school soccer league using a futsal style format. Teams will be comprised of a maximum of 8 players (minimum 6) and games will be played with four field players and a goalie on fields that are 50 yards x 25 yards. The goals are 10 feet wide by 7 feet tall. Futsal rules will be applied during matches.

Each team will play two games a week and are guaranteed 7 regular season games and at least one playoff game.

Games will be played in two-25 minute halves. Game times will be either 5:30 or 6:30 on Tuesday, Wednesday, or Thursday night during the following weeks:

**Week 1: June 20, 21, 22**

**Week 2: June 27, 28, 29**

**Week 3: July 11, 12, 13**

**Week 4: July 18, 19, 20**

The cost per player will be \$45 which includes a team shirt.

To be eligible to play, players must be high school students in the 2017-2018 school year. Players DO NOT need to be on a high school team.

Players **must** wear shin guards during matches.

All games will be played at the Lakeview High School soccer complex. 15060 Helmer Rd. South Battle Creek.

To register, please fill out the team form below, and send to the following address with payment for each player. The league will be limited to the first 8 teams, so sign up quick. Please make all checks payable to Byrne Soccer Training.

**Byrne Soccer Training**

**Attention: Ciaran Byrne**

**5420 Beckley Rd. #328**

**Battle Creek, MI 49015**

Please call Ciaran Byrne at 269-924-6132 with any questions, or to register as an individual.

Team Captain Name: \_\_\_\_\_ Cell  
Number: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Player #1 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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<b>Player #2 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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<b>Player #3 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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<b>Player #4 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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<b>Player #5 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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<b>Player #6 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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<b>Player #7 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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<b>Player #8 Name:</b> _____ 2017-2018 school year grade: ____ <b>Parent Signature</b> _____ <b>Date:</b> _____
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**For Parents signing their signature for their Daughter to play:**

I understand and agree by signing the player form to the right, I am taking sole responsibility for my child's participation in the event. I explicitly release and discharge the Byrne Soccer Training or Lakeview School District from any claim for injury, loss or damage as a result of participation in this event. I understand that pictures may be taken of participants. I authorize immediate medical attention to be administered should I not be available. I understand that the Byrne Soccer Training and School District are not responsible for lost or stolen items while participating in the event.