



# Brandon Flames Matchsticks Academy

(8-week program for 6 & 7 year old BAYSL players)

**DATE/TIMES:**

TRAINING ON WEDNESDAYS (9/24, 10/1, 10/8, 10/15, 10/22, 10/29, 11/5, 11/12)  
6 YR OLDS 5:30-6:30PM; 7 YR OLDS 6:30-7:30PM

GAMES ON FRIDAYS (9/26, 10/3, 10/10, 10/17, 10/24, 10/31, 11/7, 11/14)  
6 YR OLDS 6:00-7:00PM; 7 YR OLDS 7:15-8:15PM

**SITE:** BAYSL, J.C. HANDLY SOCCER FIELD, 3104 S. KINGS AVE.

**COST:** \$100 PER PLAYER IF REGISTERING ON OR BEFORE SEPTEMBER 15<sup>TH</sup>  
ADD \$15 LATE FEE IF REGISTERING AFTER SEPTEMBER 15<sup>TH</sup>

**PROGRAM DIRECTOR:** **JUAN DE BRIGARD**, Juan is a native Columbian with a high quality academic education in Germany from the German Sport University in Cologne and holds the Professional Soccer Coaching License of the German Soccer Federation. He has an extraordinary talent when it comes to the development and advancement of young soccer players and he has an impressive record of students he taught at some point that have become professional soccer players. Juan is highly motivated and passionate about what he does and has become a tremendous asset to BAYSL. He is married with 3 children and is fluent in English, Spanish, and German.

**WHAT TO BRING:** SOCCER BALL, SHIN GUARDS, SOCCER SHOES AND WATER BOTTLE

**REGISTER EARLY - SPACE IS LIMITED**

To register, complete the form below and drop it off by the BAYSL office at 3104 S. Kings Avenue or mail to BAYSL, Attn: Matchsticks Academy, PO Box 3322, Brandon, FL 33509.

PAYMENT MUST ACCOMPANY APPLICATION - MAKE CHECK PAYABLE TO BAYSL

*Extra forms are available online at [www.brandonsoccer.com](http://www.brandonsoccer.com)*

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## 2008 MATCHSTICKS ACADEMY REGISTRATION FORM

NAME: \_\_\_\_\_ SEX: M or F  
DATE OF BIRTH: \_\_\_\_\_ (MM/DD/YYYY) AGE: \_\_\_\_\_  
T-SHIRT SIZE: (circle one) YS YM YL  
HOME PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I certify that my child is medically qualified to attend the Soccer Academy. I hereby authorize the staff to act for me in my absence according to their best judgment in any emergency requiring medical attention. I give permission for a physician and/or hospital emergency room to administer emergency care. I waive and release Brandon Area Youth Soccer League and its representative(s) from liability for any injuries and illness incurred while at the Soccer Academy.

Parent/Guardian (print): \_\_\_\_\_ Signature: \_\_\_\_\_