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## Skills & Scrimmage

15 min specific skill; 30 min scrimmage/game



## PLAY SOCCER!

U7 (Ages 5 - 7)						
Starts 9/19/2018 8 weeks \$95	S	<b>U7</b> (Ages 5 - 7)			eeks \$95	
Child's Name Age Birthda Address Zip Home Phone Email Parent's Name Cell Phone Emergency Phone contact Credit Card # Exp:		<b>U9</b> (Ages 7 - 9)	_	-	_	
Child's Name Age Birthdal Address Zip Home Phone Email Parent's Name Cell Phone Emergency Phone contact Credit Card # Exp: Exp:		<b>U11/U13</b> (Ages 10 - 13) Wednesdays 5:30-6:15p				
City Zip  Home Phone  Email  Parent's Name  Cell Phone  Emergency Phone contact  Credit Card #Exp:						
City Zip  Home Phone  Email  Parent's Name  Cell Phone  Emergency Phone contact  Credit Card # Exp:						
Parent's Name  Cell Phone  Emergency Phone contact  Credit Card #Exp:	C	City	Zip_			
Parent's Name  Cell Phone  Emergency Phone contact  Credit Card #Exp:						
Parent's Name  Cell Phone  Emergency Phone contact  Credit Card #Exp:		Email			_	
Emergency Phone contactExp:		Parent's Name				
Credit Card #Exp:		Cell Phone				
		Emergency Phone contact				
or make checks out to Indoor Goals						
<b>DISCLAIMER:</b> I realize no amount of reasonable supervision or training can eliminate all of the dangers of athletic participations.	R					

DISCLAIMER: I realize no amount of reasonable supervision or training can eliminate all of the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. Notwithstanding this possibility, and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation, I give my permission to my son/daughter to participate in all sports and activites at Indoor Goals. In the event that my child is injured during the absence of parent or legal guardian, give my permission to the person in charge to seek medical care.

Signature\_\_\_\_\_Date\_\_\_\_