

Wooster Soccer Association Indoor Functional Soccer Training



For Boys and Girls Ages U8-U12

Following guidelines for Responsible Restart Ohio Phase 3
Contact Training small sided games allowed

Session 1

Limited to 18 Players per Clinic

Social Distancing will be followed during stoppages in play and water breaks.

Dates: **Thursdays** - November 5th, 12th, 19th, Dec. 3rd, 10th & 17th (6 sessions)

Times: 6:00 p.m. - 7: 30 p.m.

Venue: Acres of Fun
889 Friendsville Road, Wooster, Ohio

Coaching Staff: Graham Ford - Wooster Soccer Association Director of Coaching

Cost: \$90.00 Checks to be made payable to **Wooster Soccer Association**

Each Player is required to bring their own soccer ball and water

To Reserve a place please e-mail grahamford11@outlook.com or phone/text Graham at 330-416-1212

Players Name: _____
Age: _____ Home Phone: _____ Emergency Phone: _____
E-mail _____

I/We the undersigned parents and or the guardians of the above named youth do hereby give my/our consent to participate in the Functional Soccer Training which will provide supervised activities for youth. I/We the parents do assume all the Association risks and hazards incidental to the conduct of the supervised activities, and we further release, absolve, indemnify and hold harmless Wooster Soccer Association coaches or supervisors. In case of injury to my/our child I/We hereby waive all claims against the organizers, sponsors, and any of the coaches and supervisors appointed by them.

SIGNATURE OF PARENT/GUARDIAN _____

Consent for Medical Treatment (minor)

As the parent or legal guardian of the above named Player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the Life, Limb or well-being of my dependent.

SIGNATURE OF PARENT/GUARDIAN _____