

Outdoor 2018

Saturday at 12:30

6 week Sessions

Apr 14 (Spring-18)

Aug 25 (Fall-18)



Bumble Bees

Details:

- Saturday 12:30pm.
- Organized by nationally licensed Coaches
- Small-sided scrimmages
- Players receive a t-shirt
- No whistles
- Sessions are ~45 minutes

Play requirements:

- Shin guards
- Sneakers or soccer shoes
- Appropriate clothing for the conditions
- Size 3 or 4 ball will be provided but can be purchased at the Pro Shop at NC Soccer

Sessions:

S18 Apr 14 - May 19

F18 Aug 25 – Oct 6
(no Sep 1)

NEO United Soccer Club

5661 Stow Rd Hudson, Ohio

330-650-2554

Bees

Bumble Bees is soccer for 3, 4, and 5 year olds with no experience required. It is intended to introduce the beautiful game to children. We aim to maximize a child's interest through a fun but structured learning environment.

Several short activities are played that help improve spatial awareness and

agility. Most activities will include the use of a ball to develop the young soccer player. Several key techniques will be covered. Each session ends with a small-sided scrimmage. Small-sided scrimmages promote the number of touches per player. Sessions are at least 45 minutes long.

Please write your child's name on their ball.

Coaches

Tina Gaither

NEO/Everest Coach
USC Licensed

Susan Schaefer

NEO/Everest Coach
USC Licensed

Rita Wood

NEO United Coach
USC Licensed

Waiver and Release

I, as Parent/Guardian of the above referenced Participant do hereby consent to Participant's participation in Super Ball and all of its activities. I verify that Participant – or me – is/are covered by medical insurance and understand that such insurance is required to participate in Super Ball. I further verify that Participant has been checked by a physician and is able to participate in soccer/athletic activities. I, as Parent/Guardian of the above referenced Participant do hereby for Myself and Participant, our heirs, executors, administrators, and personal representatives discharge, waive, and release NEO UNITED, NC Soccer Club, Inc., their officers, partners, agents, employees, representatives, and the owners of the facility (or "the Program") from any and all claims, liability or demands for any personal injury, sickness or death as well as property expenses of any nature whatsoever which may be sustained or incurred by Myself or Participant in connection with participation in Micro Ball and its athletic activities. I agree to hold harmless and indemnify the Program for any liability sustained by the Program as a result of the negligent, willful, or intentional acts of Myself or Participant. I acknowledge that the Program does not provide medical insurance. Permission is granted for Myself or Participant to receive emergency medical treatment if needed and consent and agree that the Program will not be held responsible for said emergency medical treatment.

Parent/Guardian Signature _____ Date _____

Player's Name _____ Gender _____ DOB _____

Address _____

Home Phone _____ Cell/Work Phone _____

Email (please print clearly) _____

Select:

Session S18 Only Fee: \$70.00
Session F18 Only Fee: \$70.00

Method of Payment

Check/Cash Discover
 Visa MasterCard

Security Code _____

Outdoor Package (both sessions + ball) \$135.00

Credit Card No. _____

Expiration Date _____

Total:

Signature _____

Date _____

Mail to: PO Box 2251, Stow, OH 44224

Phone: 330-650-2554

GPS: 5661 Stow Rd, Hudson, OH 44236

Email: brian@ncsoccerhudson.com