

Winter Skills/Goalkeeping Clinics 2015

AT NC SOCCER



WINTER BREAK CLINICS:

Goalkeeping Clinic 101 **Monday, Dec 28th** **9:00am-11:00am**

Ages 8 – 12 Cost is \$35 or both camps for \$70

The Clinic is for players who want to learn basic goalkeeping skills and concepts. Some topics include: ready position, use of feet, body/hand positioning for gathering, collapse dive, angles, basic punch, catching & hand positioning. This would be considered a beginning level to intermediate level course.

Soccer Skills Clinic **Monday, Dec 28th** **11:30am-2:00pm**

Ages 7 – 12 Cost is \$40 or both camps for \$70

The Clinic is for players who want to learn various of different soccer skills when it comes to the offensive and defensive side of the ball. This will include shooting, dribbling, footskills training, and game play to finish out the day. We will also work on different defensive drills and positioning during game play.

CAMP REGSITRATION FORM

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CIRCLE YOUR CHOICE(S):

GK 101 12/28 9:00am-11:00am (\$35)

SOCCER SKILLS 12/28 11:30am-2:00pm (\$40)

OR BOTH DEC CAMPS FOR (\$70.00)

PLEASE MAIL FORMS WITH PAYMENT TO:

*NC Soccer Club
P.O.BOX 2168
Hudson, OH 44236
330-650-2554
234-380-5054-fax*

WAIVER FORM

I verify that my child (or me) is/are covered by medical insurance. He/she has been (I have been) checked by a physician and is/are physically able to participate in soccer/athletic activities. I hereby, for MYSELF and/or for my child/ward, our heirs, executors, administrators and personal representatives, discharge, waive and release N.C. Soccer Club, Inc., NEO United Athletic Club, its partners, agents and employees, and the owners of the facility in which injury or damage to myself or my child/ward may have occurred by virtue of, or arising out of or in connection with any participation and any of the activities of the N.C. Soccer Club. By executing this document, I hereby acknowledge that soccer/athletics is/are a dangerous sport/activity in which serious injury and/or death may be a possible outcome of participation or attendance, and I hereby assume, and/or assume on behalf of my child/ward, all risk of injury or loss to which I and/or my child/ward may be exposed. Permission is granted for my child to receive emergency medical treatment if needed.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY WAIVER FORM AND SIGN IT WILLINGLY.

Signature _____ Date: _____