

Outdoor 2017

Friday at 5:30

6 week Sessions

Apr 21 (Summer 17-3)

Sep 8 (Summer 17-4)



Wolves

Details:

- Fridays 5:30 PM
- Organized by nationally licensed Coaches
- Small sided scrimmages
- NEW players receive a uniform shirt

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:

17-3 Apr 21 – Jun 3
(no May 26)

17-4 Sep 8 – Oct 13

NEO United Soccer Club

5661 Stow Rd Hudson, Ohio

330-650-2554

Wolves

Wolves' soccer is for 5 and 6 years with soccer experience or 7 year olds new to the game. It is intended to introduce the game structure to children. We aim to maximize a child's interest through a fun but structured learning environment.

The kids are then divided into teams and play a game. The games will be 20 minutes halves and refereed by the coaches. Games will not use goalies but will employ 3v3 tournament style rules. Sessions are about 55 minutes long.

The session will begin with 10-15 minutes of agility and technical training.

Please write your child's name on their ball.

Coaches

Tina Gaither

NEO/Everest Coach
NSCAA Licensed

Rita Wood

NEO United Coach
NSCAA Licensed

Susan Schaefer

NEO United Coach
NSCAA 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 17-3 Only Fee: \$70.00
Session 17-4 Only Fee: \$70.00

Outdoor Package (both sessions + ball) **\$140.00**

Total:

Method of Payment

Check/Cash Discover
 Visa MasterCard

Security Code _____

Credit Card No. _____

Expiration Date _____

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