

**Outdoor 2018**

**Friday at 5:30**

**6 week Sessions**

Apr 13 (Spring 18)  
Aug 24 (Fall 18)



# Wolves

**Details:**

- Fridays 5:30 PM
- Organized by nationally licensed Coaches
- Basic technical training
- Small-sided scrimmages
- 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:**

S18 Apr 13 – May 18

F18 Aug 24 – Oct 5  
(no Sep 1)

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 session will include footskills, small ball games, and small-sided games. The

kids are then divided into teams to play the games and attend footskills. Games will not use goalies but will employ 3v3 tournament style rules. Sessions are about 55 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

Outdoor Package (both sessions + ball) **\$135.00**

**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](mailto:brian@ncsoccerhudson.com)