

**Wooster Soccer Association**  
**Indoor Functional Soccer Training**  
**For Boys and Girls Ages U5-U13**

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



**Session 3: Limited to 20 Players per clinic**  
Social Distancing will be followed during stoppages in play and water breaks.

Dates: Thursday Feb 22nd, 29th, March 7th, 14th & 21st  
(Only 5 clinics due to Spring Break)

Times: 5:30 p.m - 6:15 p.m. U5/6. Cost \$50  
6:15 p.m - 7:15 p.m. U7/8 Cost \$50  
7:15 p.m - 8:30 p.m. U9/12 Cost \$75

Checks to be made payable to **Wooster Soccer Association**

Venue: Acres of Fun  
3889 Friendsville Road Wooster Ohio

Coaching Staff: Graham Ford Wooster Soccer Association Director of Coaching

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

**To Reserve a place please e mail [grahamford11@outlook.com](mailto:grahamford11@outlook.com) or phone/text Graham at 3304161212**  
Please bring registration and payment to the first practice

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 \_\_\_\_\_