

Wooster Soccer Association
Indoor Functional Soccer Training
For Boys and Girls Ages U9-U15

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



Session 3: Limited to 24 Players per clinic
Social Distancing will be followed during stoppages in play and water breaks.

Dates: Sunday Feb 25th, March 3rd, 10th, 17th & 24th
(Only 5 clinics due to Spring Break)

Times: 5:30 p.m - 7: 00 p.m. U9-U12
7:00 p.m - 8:30 p.m. U13-U15

Venue: Acres of Fun
3889 Friendsville Road Wooster Ohio

Coaching Staff: Graham Ford Wooster Soccer Association Director of Coaching

Cost: \$ 85.00 Checks to be made payable to **Wooster Soccer Association**

Each Player is required to bring their own ball and water

To Reserve a place please e mail 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_____