



YOUTH SOCCER SKILLS CLINIC

WHO: Girls & Boys

Ages 7-8 yrs: 2-3:30pm

Ages 9-12 yrs: 3:30-5pm

WHEN: Saturdays

January 23rd- February 27th

- Drills and instruction focused on footwork, ball mastering, and technical soccer skills to build the confidence in youth players.
- Lead by former professional soccer players who have 5+ years of coaching experience.
- For questions or more information contact mschleicher@ymcagwc.org

LOCATION:

Twin Lakes Family YMCA
Kaboom Soccer Field

COST:

Y Members: \$60
Community Members: \$90

SOCCER CLINIC REGISTRATION FORM

Name of Player: _____ Birthday: _____ Gender: _____

Address: _____ Age (as of 1/15/2021): _____

City: _____ State / Zip: _____

Parent Name: _____ Phone Number: _____

Email: _____

WAIVER & AGREEMENT:

1. PERMISSION FOR TRANSPORTATION. The YMCA Staff has my permission to transport my child to and from program location in the event of an emergency. I understand reasonable precautions will be taken to ensure the safety and supervision of my child. 2. MEDICAL WAIVER. In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical treatment, if my child requires the attention of a physician. 3. WAIVER. I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not. 4. MEDIA RELEASE. I grant permission to the Y to create and use photographs, video footage, and electronic sound recordings (collectively, "Media") containing myself and my child's voice and/or image on the Y website or in its publications, brochures, newsletters, magazines or other types of media now or hereafter known for illustration, art, promotion, advertising, or other purposes related to the Y.

Parent/Guardian Signature: _____

This is to acknowledge that I have read and agree to the above information in the Waiver & Agreement.

Y STAFF ONLY

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Date _____ Staff Initials _____

Twin Lakes Family YMCA

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