

MKE WAVE EXPERIENCE 4 YOU!

XAVIER RICO

Exclusive Soccer Skills Clinic!

Day 1 ~ Footwork ~

Day 2 ~ Shooting ~

Day 3 ~ Advanced Positions/Strategy ~

Day 4 ~ Speed and Agility ~

Day 5 ~ Ball Control / Advanced Passing ~

*Max Ratio is 1 coach to 8 kids, even better for specialty drills. Groups will be divided by age & skill.

REGISTRATION MARCH 15Th - APRIL 15th

****CLOSES WHEN SPOTS ARE FILLED
LIMITED SPACES AVAILABLE!!****

SESSION 1: June 24, 25, 26, 29, 30

SESSION 2: August 12, 13, 14, 17, 18

1pm – 3pm // Oakwood Park in Men Fls

- Registration will close when spots are filled! **Acceptance notified via email.**
Ages: 6-9 years of age

Register early, this event will fill quickly.

No applications will be accepted prior to March 15th.

AGES: Children born in the following years: 1999-2003

XAVIER RICO Exclusive Soccer Skills Clinic!

Oakwood Park in Menomonee Falls

- Registration will close when spots are filled! **Acceptance notified via email.**

Sign up for one or both sessions. Register for both sessions & SAVE!

Register early, this event will fill quickly.

Applications will be accepted March 15th to April 15th.

Mail Registrations to:

REAGAN WEST
N53 W15837 Whispering Way
Menomonee Falls, WI 53051

Checks payable to: Women's Soccer Club

- Registration will close when spots are filled! Acceptance notified via postcard.

FEE: \$98.00 per child per session

Check here if address is the same as #1

Child ONE Name _____ Birth date _____
 Address _____
 Phone _____
 Email _____
 Session 1, Session 2, or Both (Both ~ \$180)

Child TWO Name (Optional) _____ Birth date _____
 Address _____
 Phone _____
 Email _____
 Session 1, Session 2, or Both (Both ~ \$180)

Method of Payment
 Check
 Number _____

Method of Payment
 Check
 Number _____

Child's Signature _____ Date _____
 Parent/Guardian's Signature _____ Date _____

Child's Signature _____ Date _____
 Parent/Guardian's Signature _____ Date _____

BELOW FOR OFFICE USE ONLY

Liability Form Signed

Confirmation Postcard Mailed? Check for YES.

Date of Registration Receipt _____
 Payment Amount _____

- AGES: Children born in the following years: 1999-2003 **Ages: 6-9 years of age**



AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

WSC ~ OAKWOOD SOCCER COMPLEX

In consideration of being allowed to participate in any way in the WSC Event at Oakwood Park & athletics/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of Injury from the activities involved in the program is significant, including the potential for permanent paralysis and death and while particular roles, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring such to the attention of the nearest official immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE "WSC Event at Oakwood Park" and their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property. *WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.*

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITH OUT ANY INDUCEMENT.

Participant's Signature

Date Signed

This is to certify that I as parents/guardians with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releases, and, for heirs assigns, next of kin, and myself. I release and agree to indemnify the Releases from any -and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Participant or Guardian Signature

Date Signed