

SKILLS CLINICS WINTER 2018-2019



Maryland
SoccerPlex

Train with Professionally
Licensed Coaches

SESSION 1
NOV. 10, 2018 – JAN. 8, 2019
(No Classes: Dec. 24-Jan 1)

SESSION II
JAN. 5, 2019 – MAR. 11, 2019
(No Classes: Jan. 21; Feb. 18)



Ages 8-12



- **Mondays at 5:10pm, 6pm**
- **Tuesdays at 5:10pm, 6pm**
- **Wednesdays at 5:10pm, 6pm**
- **Saturdays at 1:05pm**

\$180 INCLUDES:

7 week session
50 Minute Practices

Please Bring:

- Size 4 Soccer Ball
- Shin guards
- Athletic Clothing
- Water

All classes will be held
indoors at the
Discovery Sports Center

Discovery Sports Center at the Maryland SoccerPlex
18031 Central Park Circle, Boyds, MD 20841
Call 301-528-1480 - Visit www.samsoccer.org

Winter 2018-2019 Skills Clinic – Registration Form & Consent/Liability Waiver

Mail to: SAM Soccer, 18031 Central Park Circle, Boyds, MD 20841 or Fax to: 301-540-4276

I am signing up for **SESSION:** _____ **DAY:** _____ **at TIME:** _____

Player's Name: _____ Birth date (MM/DD/YY): _____ Grade: _____ Gender: _____

Mom's Name: _____ Dad's Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Alternate Phone Number _____

Email (required): _____

Coach Request/Special Request: _____ School: _____

All communications are done through email and the SAM soccer website.

Payment Information: \$180

Payment includes all appropriate fees, taxes and a \$25 non-refundable administrative fee.

Credit Card: (Circle) Visa MasterCard Discover Card #: _____

Amt: _____ Exp: _____ V-Code: _____ Zip Code: _____

Signature of Card Holder: _____

Check: (Make payable to **SAM Soccer**) Check #: _____ Amt: _____

Cash: Please make cash payments in person.

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the Discovery Sports Center Indoor League, Program Camp, Clinic or any other activity. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, program operators, building contractors, suppliers, and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Signature: _____

Date: _____

Print Name: _____

Would you like to receive text messages from the Maryland SoccerPlex and/or SAM Soccer?

Yes or No