



FALL
2017

SAM SKILLS CLINIC

SEPTEMBER 11TH -
NOVEMBER 9TH
(No Class: 9/21, 10/31)

Mondays -
5:30pm, 7:00pm

Tuesdays -
5:30pm, 7:00pm

Wednesdays -
5:30pm, 7:00pm

Thursdays -
5:30pm, 7:00pm

SOCCER FOR 8-12 YEAR OLDS

Clinics designed to aid players and teams, ages 8-12, in skills and development with 90 minute practices with professionally licensed coaches.



SAM Skills Clinic
is now 90 minutes
long! An extra 30
minutes of training!



**NATIONALLY
LICENSED
COACHES**

COST: **\$150.00**
for a full 8 week
session

**REGISTER
NOW!**
Space is Limited

SAM SOCCER
18031 CENTRAL PARK CIRCLE
BOYDS, MD 20841

For more information call 301-528-1480 or visit www.samsoccer.org

SAM SOCCER

SAM Skills Clinic Spring 2017 • September 11th - November 9th

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

I am signing up for 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: \$150

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: _____

How did you hear about SAM Skills Clinic? (Circle)

Email
Flyer

Website
Postcard

Word of Mouth
Facebook/Twitter

Previous Player
Other: _____