

2016 Winter Soccer Training at the SportZone

The players have a great deal of fun and continue improving their soccer skills. The emphasis will be on technical skills including first-touch, moves, passing, dribbling and shooting. Many of these skills will be done in a competitive format to keep the players interested and motivated. Technical skills are the foundation and future of your player's confidence and success. The players who train in the winter always come out stronger in the spring season! Sessions will be conducted by Topeka Select coaches.

Where: SportZone, 3907 SW Burlingame Road.

When: There are **MULTIPLE SESSIONS**. They will likely be divided by approximate age groups although this is NOT a strict guideline where siblings are attending or in the event of a larger group or team request. In those circumstances every effort will be made to accommodate requests. Saturdays, November 5, 12, 19 & 26, and December 3, 10 and 17.

Please check session you would like to attend. Age/Session times are suggested except LEARN & PLAY.

____ **NEW!! LEARN & PLAY:** 2:30 to 3:30 PM (Ages 4 1/2 to 5 years old. No other session available for these ages).

____ **Session One:** 4:00 to 5:30 PM. Suggested age group is 6 & 7 year olds.

____ **Session Two:** 5:30 to 7:00 PM. Suggested age group is 8 & 9 year olds.

____ **Session Three:** 7:00 to 8:30 PM. Suggested age group is 10 & Older.

How much: \$69 per Session. Fill out registration below and mail with check to SportZone. These sessions usually fill up. Walkups at training available only for any open spots. Don't take a chance on missing out! Register early.

Player Name _____ Age _____

Team/Club _____

Telephone # _____ Email: _____

Address: _____

Questions: Call Jerry Stamm at 217-5771 or email at jstamm53@gmail.com .

Total Fee Paid _____ **Please make checks to SportZone, 3909 SW Burlingame Rd, Topeka, KS, 66609** (\$30.00 NSF fee on returned checks) or use MC/Visa credit Card:

Credit Card MC/Visa _____ Exp.Date _____

My signature acknowledges that I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided with SportZone Winter Soccer Training programs. I release Gerald Stamm, Jr., the SportZone, their agents, officers, and coaches from any and all liability whatsoever resulting from participation in SportZone Winter Soccer Training activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release Gerald Stamm, Jr., the SportZone, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the camp. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20.00 administrative fee assessed. I understand that photographs of all SportZone activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising.

I acknowledge all information and waivers contained herein.

Parent/Guardian Signature _____ Date _____