



# WINTER II 2012 SOCCER SCHEDULE

Would you like to improve your soccer skills?  
Would you like to be a complete soccer player?

<b>1st thru 8th Grade - INSTRUCTIONAL CLASSES</b>						\$225 9 Week Session
Times	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	
5:00 - 6:00	1st /2nd Grade	3rd/4th Grade	5th/6th Grade	7th/8th Grade		
6:00 - 7:00	Create a Class	Create a Class	Create a Class	Create a Class	Create a Class	
Classes meet once/week for 9 weeks. Make-ups must be made up during same session.						

- Our Soccer Stars Program combines private lessons with group sessions
- Classes focus on improving ball skills, coordination, power, speed, and all other things that will make you a complete soccer player.
- Classes are held in our indoor turf field, so no cancellations regardless of the weather

<b>INSTRUCTIONAL CLASSES</b>					<b>CREATE A CLASS</b>				
<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri
Time: _____ Age Group: _____					Time: _____ Age Group: _____				
<b>Payment Info:</b> Amount: _____ Credit Card: Visa/MC AMEX Account#: _____ Exp Date: _____									
Check #: _____ CVV/CVV2: _____ Billing Zip: _____ Signature: _____									

Please make checks payable to: City Sports on 4

Child's Full Name \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

### Waiver and Release of all Claims

**Please read this form carefully.** When you sign this form you waive and release all claims for injuries your child might sustain arising out of their use of the facilities and participation in the activities and programs at City Sports on 4.

**Acknowledge risk injury:** As a participant in the activities or programs at City Sports on 4, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participation or use of such facilities, activities or programs.

**Waive, Release & Indemnify:** I hereby waive, release and discharge any and all claims I may have or may acquire against City Sports on 4, its officers, agents, servants and employees as a result of my or my child's participation in the activities and programs of City Sports on 4; and I agree to indemnify and hold harmless City Sports on 4, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are participating at City Sports on 4 facilities.

I have read and fully understand the above Waiver and Release of all Claims Form.

SIGNATURE \_\_\_\_\_

**CITY SPORTS on 4**

62 Route 4 East, Englewood, NJ 07631

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