

West G Hummingbirds Soccer

What: Instructional soccer for 3 - 6 year olds. Children learn the basics of dribbling, passing, shooting, and positioning and apply what they've learned in non-competitive games. Parents are encouraged to participate in the coaching and are provided practice plans and assistance in coaching young children.

When Saturday afternoons, September 6 – October 18, 3:00 – 4:00 p.m.

Where West Geauga High School practice soccer field (adjacent to pavilion)

Fee: \$65.00 includes team shirt, trophy, and water bottle

Please detach and use registration form below and send to West Geauga recreation. For further information, contact Rick Hart at 330-656-0090 or via e-mail at RHart@JumpStartSports.com. Visit our website at www.JumpStartSports.com.



.Offered by

Jump Start Sports

and

West Geauga Recreation

West G Hummingbirds Soccer Registration Form

Participant's Name _____ Boy/Girl _____ DOB _____

Address (include city and zip) _____

Parents'/Guardians' Names _____

Home Phone _____ Work Phone _____

Cellular/Other _____ E-Mail _____

List any allergies or medical conditions of which we should be aware: _____

Please indicate if you would like to volunteer as: Head Coach _____

Assistant Coach _____

I hereby allow my child to participate upon my own initiative and application and assume all risks of his or her participation in the West G Hummingbirds Soccer Program and in consideration of his/her participation in said program, do hereby waive and release all claims arising as a result of personal injuries or property loss during such program against Richard A. Hart, Jump Start Sports and its officers, agents, employees and program coaches; the West Geauga Recreation Council and its officers, agents, and employees; West Geauga Schools and its officers, agents, and employees and further hereby agree that no suit of action of law shall be instituted for the above reason by me or others. If a parent or guardian is not present, I furthermore authorize the program staff, in the event of illness or injury, to administer emergency care and to arrange for any emergency medical transportation to the nearest health care facility deemed appropriate. I understand every effort will be made to contact the parent or guardian prior to any involved treatment. I grant permission to a qualified physician and/or other medical personnel to furnish medical care, using the above guidelines, while my son/daughter is participating in the West G Hummingbirds Soccer Program. I also agree that my insurance carrier or I will bear the financial responsibility for any medical treatment administered under the above guidelines.

Parent/Guardian Signature

Date

Please make checks payable to West Geauga Recreation Council (WGRC) and mail to:

Tony Zakelj
11758 Lyman Rd.
Chesterland , OH 44026