

Soccer Clinics - Spring 2010 : May 3, 2010 – June 11, 2010

Day	Time	Location	Dates	Sessions	Age	Cost*
Monday	10am to 11am	Beth Or or Ballpark	5/3 - 6/7	5*	4-6	\$100
Monday	1:30pm to 2:30pm	Beth Or or Ballpark	5/3 - 6/7	5*	4-6	\$100
Monday	4pm to 5pm	Beth Or	5/3 - 6/7	5*	6-9	\$100
Tuesday	10am to 11am	Beth Or or Ballpark	5/4 - 6/8	6	4-6	\$120
Tuesday	1:30pm to 2:30pm	Beth Or or Ballpark	5/4 - 6/8	6	4-6	\$120
Tuesday	4pm to 5pm	Beth Or	5/4 - 6/8	6	6-9	\$120
Wednesday	10:30am to 11:30am	Beth Or or Ballpark	5/5 - 6/9	6	4-6	\$120
Wednesday	1:30pm to 2:30pm	Beth Or or Ballpark	5/5 - 6/9	6	4-6	\$120
Wednesday	4pm to 5pm	Beth Or	5/5 - 6/9	6	6-9	\$120
Thursday	10am to 11am	Beth Or or Ballpark	5/6 - 6/10	6	4-6	\$120
Thursday	1:30pm to 2:30pm	Beth Or or Ballpark	5/6 - 6/10	6	4-6	\$120
Thursday	4pm to 5pm	Beth Or	5/6 - 6/10	6	6-9	\$120
Friday	10am to 11am	Beth Or or Ballpark	5/7 - 6/11	6	4-6	\$120
Friday	1:30pm to 2:30pm	Beth Or or Ballpark	5/7 - 6/11	6	4-6	\$120

***No Clinics held on Memorial Day-May 31, 2010**

Locations: Congregation Beth Or - 2075 Deerfield Rd., Deerfield, IL 60015
 Western Avenue Ballpark - Western & North Avenue, Highwood, IL 60040

**INDICATE BELOW WHAT LOCATION YOU PREFER - WE WILL NEED AT LEAST 6 PLAYERS TO HAVE A CLASS.
 If a group of 6 or more players want a different location and/or time please call our office at 847-412-9542.**

Player Name: _____ Age: _____ Grade: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Parent's Names: _____

You can pay by **check or credit card (there is an additional \$10 fee for credit card):**
 Please make check out to North Suburban Soccer and mail to PO Box 575, Deerfield, IL 60015

Credit Card: (please circle) Visa MasterCard American Express Discover

Billing address if different from home address: _____

Card #: _____ Expiration: _____

Vin #: _____

Clinic Day _____ **Clinic Time** _____ **Location** _____ **Cost** _____

Consent and Release: I acknowledge that soccer is a contact sport, which involves the possible risk of injury. I consent to my child's participation in the North Suburban Soccer Academy (NSSA) soccer program. I, individually, and on behalf of my child, do hereby release and forever discharge the NSSA, its shareholders, officers, members, coaches, directors, agents and representatives from any and all liability of whatever nature relating to or in any matter arising out of my child's participation in any and all programs offered by the NSSA. I agree to hold the NSSA harmless and indemnify it for any damages, which may be sustained in connection with our association or with participation in the NSSA soccer program. I agree to hold the NSSA harmless and indemnify it for any damages for which it becomes liable as a result of said injuries. I understand that personal injuries can occur before, during, and after soccer games or practices by reason of field preparation and conditions, equipment conditions, and contact with participants, NSSA personnel and spectators. This release shall apply to any personal injury or other loss whether or not reasonably anticipated, expected, or contemplated at this time. This release and indemnification shall be binding upon my personal representatives, heirs and assigns. Permission: On behalf of my son/daughter, or myself, I hereby grant permission to the NSSA and its authorized agent to use my son/daughter's picture, or any videotape or any other recording of my child's participation at the NSSA for any lawful promotional purpose. Further, I hereby waive, on behalf of my son/daughter, or myself the right to any fees or compensation related to such use. **\$15.00 service charge on all refunds.**

Parent's Signature _____ Date _____