



Group Futsal/Soccer Training Academy

Date: Sunday

Winter I
 November 6, 13 & 20 December 4, 11 & 18
Age: H.S. Girls and Boys Elite Futsal/Soccer Training
Time: 12:00 to 1:00
Fee: \$72.00 per Participant **Sibling:** \$60.00

Winter I
 November 6, 13 & 20 December 4, 11 & 18
Age: 12 to 14 Futsal/Soccer Training
Time: 1:15 to 2:15
Fee: \$72.00 per Participant **Sibling:** \$60.00

Winter I
 November 6, 13 & 20 December 4, 11 & 18
Age: 8 to 11 Futsal/Soccer Training
Time: 2:30 to 3:30
Fee: \$72.00 per Participant **Sibling:** \$60.00

Site: Soccer Heaven and Sports Center N218 Stoney Brook Rd, Appleton

The W.A.S. Group Futsal/Soccer Training Academy is designed to focus on the player's technical development. Our goal is enhance each participant's ability to perform quicker. Futsal is a played on a court or gym floor. The Futsal training Academy will challenge each participant mentally and technically. Each participant will receive more than 500 ball contacts per training session, which greatly improves the dribbling, passing and receiving skills.

We accept the first 20 registrations per training session.

Individual Registration and Waiver

Player Name: _____

Address: _____

City: _____ Zip: _____

Age: _____ Gender: _____ Phone: _____

Team Name: _____ Age Group: _____

Coach: _____

Skill Level: Beginner Intermediate Advanced

Program Level: Competitive Recreational ODP

Position: Def Mid FW GK

Waiver of Liability

I understand that the training program and camp deposit is non-refundable. I hereby authorize the staff of Wisconsin Academy of Sports Inc. to act for me according to their best judgment in any emergency requiring medical attention to my child.

I hereby waive and release **Wisconsin Academy of Sports Inc., Soccer Heaven and its staff and affiliates** from any and all liability for any injuries and illnesses incurred while involved with any W.A.S. Inc. Programs. I hereby warrant that my child is in good health and is able to participate in this program. I have read, agree, and understand the above. (Our staff is not responsible for administering medication to participants.)

Parent or Guardian's Signature:

X _____ Date: _____

(All payment should be made a minimum of two week prior to the start date due to limited enrollment)

Make checks & Mail registrations to:

Wisconsin Academy of Sports Inc
621 S. Outagamie St.
Appleton, WI 54914