



## Group Futsal/Soccer Training Academy

Date: Saturday

Winter I

November 12, 19      December 3, 10 and 17

Fee: \$60.00 per Participant

Sibling: \$45.00

Winter II

January 7, 14, 21      February 4, 11, 18, 25      March 3

Fee: \$96.00 per Participant

Sibling: \$80.00

Age: 8 and older

Time: (each session is One Hour)

3:00pm – age 8 - 12       4:00pm – age 13 - 16

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 Waver

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