## Paid By: Cash Cheque E-Transfer\* \*By email for Paypal

Player's Name:



## **ELITE SOCCER DEVELOPMENT**

## 2019 WINTER SKILL TRAINING PROGRAMS

Contact Clayton Rosario for more details: 289-214-1414

Email: clayton.esd@gmail.com

Regional Fairground Building 'A' Welland, 1100 Niagara Street Welland, On L3C 1M6

Ask About: Team Training, Small Group Training & Private Sessions.

Male: □

Date:

Female:□

Address:			
City:	Postal Code:	D.O.B. (YY/MM/DD)	
Telephone (Home):		Cell:	
E-Mail Address:			
	EMERGENCY	CONTACT	
Name:		Number:	
All programs boys and girls.*Note all particip players in regular skills classes depending on availability. *Please Note: No Classes The  TUESDAY NIGHT SKILLS TRAIL  11 weeks (Jan 8-Mar 26th, 20  Tues/5-8yrs/6:30-7:30pm/\$  Tues/9-12yrs/6:30-8:00pm/  THURSDAY ADVANCE INTEN  11 weeks (Jan 10-Mar 28th, 20  Thurs/9-11yr & Up /6:00-7:00  Thurs/12-15yr /6:30-8:00pm/	their skill level. If there is a demand for Week Of March Break  NING PROGRAM  019) BOYS & GIRLS  240 including HST  \$300 including HST  SE TRAINING PROGRAM  2019) BOYS & GIRLS  00pm/\$315 including HST	te training dry fit shirt for skills sessions \$30 HST included. *Note We will accept of players age 13 and up we will create another class on a weekend based on time  MARCH BREAK CAMP  Mar 11th - Mar 15th, 2019) BOYS & GIRLS  Full Day/6-13yr /9am-3pm/\$185 including HST  Half Day/6-13yr /9-12pm/\$135 including HST  SUNDAY MORNING TRAINING PROGRAM  10 weeks (Jan 13th -Mar 24th, 2019) BOYS & GIRLS  Sun/5-8yrs/10am-11am/\$240 including HST  Sun/9-12yrs/10-11:30am/\$300 including HST	
Please note this is a very physically intense sk players only. <b>Contact Clayton for an assessm</b>		m suitable for advanced 10 weeks (Jan 13th -Mar 24th, 2019) BOYS & GIRLS	
participating in this program. ACCEPTA in this program, I am exposed to risks. I	rton Rosario, ESD associates and or e NNCE OF RISK: I am aware that there agree to accept these risks and to r	il to: 1189 Sherk Rd, Port Colborne, ON L3K 5V3 employees/volunteers are liable for losses or injuries occurring while are physical risks and hazards inherent in the program. By participating elease the organizers of responsibility for any injuries I might receive	

minus \$25.00 admin fee. De-register 1st day of program/50% refund. Parents/Guardians must sign this waiver before sessions begin.

I acknowledge having read and understood the terms of this agreement, including the associated risks. I hereby consent to my child's/ward's participations in this program. De-Registration Proof of Dr's note for full refund prior to program start. De-register 2 weeks prior to program/refund

volunteers associated with the program. It is mandatory for all players to wear shin pads at all our camps.

Acknowledgement (signed by parent): \_