



## **2009 Winter Youth Development Clinic Soccer Program**

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Under the direction of Peter Kaminskas, Freestate will offer a Soccer Development Clinic, starting January 5, 2009.

This Clinic mixes skill development and actual small sided games. The program is designed to create an environment where kids will get a lot of “touches” on the ball, work with teammates, and developing an understanding of the finer points of the game.

### **Program Details:**

Eligible players include the ages 6 through 9, boys and girls.  
Winter Program runs from January 5 through February 23 for 8 weeks.  
Age group specific curriculum.  
Clinic training session on Mondays (8 sessions) 4:30 to 5:45PM.

### **Where:**

Skate Zone, Rt. 3 South, Capital Raceway Rd, Crofton MD 21114

### **Fees:**

Registration fee is \$135.00

### **Fee includes:**

Clinic training sessions  
Freestate T-shirt

### **Contact Information**

\_Peter Kaminskas at [phk@netscape.com](mailto:phk@netscape.com).

Please complete form and mail with check payable to:

## Freestate Soccer Alliance

P.O. BOX 2093

Bowie, MD 20718

### 2009 Youth Development Clinic Soccer Program Registration and Waiver Form

(Circle) **Boy** or **Girl**

#### Individual Player Information

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Please, list below any **medical** conditions and/or **allergies** that you think we should know about:

#### Consent and Liability Waiver – Release of all claims (must be signed by parent or guardian)

I, \_\_\_\_\_ (parent/guardian), am the parent or legal guardian of \_\_\_\_\_ (minor child).

As lawful consideration for my minor child being permitted to participate in the Freestate Soccer Alliance Development Soccer Clinic Program, I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Freestate Soccer Alliance and their agents, sponsors and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in the development soccer league program activities. This release is intended to discharge in advance Freestate Soccer Alliance and their agents, sponsors and employees from and against any and all **liability**, including for negligent actions, arising out of or connected in any way with my minor child's participation in the Development Soccer League Program, except for **liability** that may arise out of willful or wanton misconduct by Freestate Soccer Alliance.

I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPATION IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS FREESTATE SOCCER ALLIANCE AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older and that my child is physically fit and has no known **medical** conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the development soccer league program. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment of Freestate Soccer Alliance, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS RELEASE OF **LIABILITY** FOR MYSELF AND MY CHILD AND A CONTACT BETWEEN MYSELF, MY CHILD AND **FREESTATE SOCCER ALLIANCE**, THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_