



# Group Futsal/Soccer Training Academy

Winter II

January 10, 17, 24 & 31      February 7, 14, 21 & 28

**Fee:** \$120 per Participant      **Age Group:** U9 to U18

**Sibling:** \$80

**Time:** 3:00pm to 4:00pm

**Site:** Wilson Middle School

The W.A.S. Group Futsal/Soccer Training Academy is designed to focus of both the technical/tactical needs for the player. Our goal is enhance each player's ability to perform quicker. Futsal is a game, which challenges the player mentally and technically. The true Futsal development can only be done on a solid surface and not on a turf. Your child will also go through training for development in **Quickness, Agility and Coordination.**



## 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., 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: \_\_\_\_\_

**Make checks & Mail registrations to:**

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