

I  
G

# Skills & Scrimmage

15 min specific skill; 30 min scrimmage/game



## PLAY SOCCER!

S  
O  
C  
C  
E  
R

**U7 (Ages 5 - 7)**      **Thursdays 5:00-5:45p**  
**Starts 4/4/19    8 weeks \$95**

**U9 (Ages 7 - 9)**      **Wednesdays 4:40-5:25p**  
**Starts 4/3/19    8 weeks \$95**

**U11/U13 (Ages 10 - 13) Wednesdays 5:30-6:15p**  
**Starts 4/3/19    8 weeks \$95**

Child's Name \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

**Email** \_\_\_\_\_

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

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

Emergency Phone contact \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

***or make checks out to Indoor Goals***

**DISCLAIMER:** I realize no amount of reasonable supervision or training can eliminate all of the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. Notwithstanding this possibility, and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation, I give my permission to my son/daughter to participate in all sports and activities at Indoor Goals. In the event that my child is injured during the absence of parent or legal guardian, give my permission to the person in charge to seek medical care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Indoor Goals - 16430 NW Bethany Court Beaverton, OR - T: 503.629.9500

Email: meg@indoorgoals.com