

Madison Park Spring 2012 Registration Form

Name: _____

Age: _____ Position _____

Address: _____

City: _____

Zip: _____

Phone :() _____

Email _____

Please choose a class below:

Madison Park

____ Thursday , March 22, 2012 4:15pm

3/22, 3/29, 4/5, 4/12, 4/19, 4/26, 5/3, 5/10

Equipment: Soccer Ball \$25 ____

Shinguards \$ 17 ____

You can also register online visiting:
www.bluesombrero.com/khary. You must register as a new Participant in the upper right hand corner. Payment must be made in advance via online registration or mail in. Payments will not be accepted on the field.

Please Enclose registration form, medical waiver, clinic fee and mail to:

Khary Stockton Soccer

P.O Box 16211

Alexandria, VA 22302

Make Check Payable to

Khary Stockton Soccer



KHARY STOCKTON SOCCER
P.O Box 16211
Alexandria, VA 22302
www.kharystocktonsoccer.com

Khary Stockton Soccer

presents

Kicks for Tots

At

Madison Park

Falls Church VA

**Ages 2 to 7 years
Boys & Girls**

Spring 2012

Class start on March 22, 2012



Clinic Philosophy

The class is under the direction of Khary Stockton Soccer. Khary is a former professional player as well as an accomplished coach in the Washington Metropolitan Area. He has provided numerous clinics to individuals and teams. He played professionally in Brazil, Chile and Argentina. He was drafted by NY/NJ Metrostars of Major League Soccer. He attended William and Mary and was Captain of the team his senior season; leading them to #3 national ranking. He has a USSF "A" License, NSCAA Premier Diploma and a National Youth License.

Soccer Tots is a child physical development program that uses a variety of fun games to delight and engage kids in physical activity. Soccer Tots is professionally designed to develop motor skills, promote physical fitness and create self confidence in kids and young children. Soccer Tots stresses a non-competitive environment and promotes fun above else in our programs and classes.

Additional information:

All players must bring water and ball. Participants are divided by age groups. Our coaches have had thorough background checks. Please call our office at 202 679-1389 for weather related questions.

Refund and Cancellation Policy

KSS reserves the right to cancel sessions due to insufficient enrollment. In the event that a session is cancelled, customers will be notified and a refund will be given. After participating in the second class, a credit may be applied toward future programs with 'Khary Stockton Soccer'/KSS Programs.

Schedule of Classes

Classes will consist of 8 sessions. Due to seasonal constraints, we allow only one make-up class at the end of the sessions. You may attend a session offered on another day in order to make-up a class. Please confirm with our office prior to attending a class.

Time

Classes are 40 min — 1 hour.

Location

Madison Park

334 Lawton Street Falls Church ,VA 22046

Cost

\$89 for 8 weeks

Private classes

You may set up private classes by visiting our website and emailing us or call **202 679 1389** Visit our website www.kharystocktonsoccer.com to gain info about birthday parties, private training, and summer camps.

For more information contact

Khary Stockton Soccer
E-mail: info@kharystocktonsoccer.com
Phone: 202 679 1389
www.kharystocktonsoccer.com

Medical Waiver

Insurance Company: _____

Health History (Check all that apply)
Asthma _____ Diabetes _____

Hay Fever _____ Penicillin _____

Seizurers _____ Allergies _____

Other: _____

Medications _____

Emergency Contact

Name: _____

Relationship: _____

Phone() _____

I hereby grant permission for my son/daughter to participate in all soccer related activities with the Khary Stockton Soccer. I hereby release, discharge and/or otherwise indemnify Khary Stockton Soccer, their employees and associated personnel against any claim by or on behalf of me as a result of my child's participation. I understand that my insurance provider is primary to Khary Stockton Soccer insurance which is only a secondary insurance. In addition, in the event that I can not be reached, I hereby give permission to the Camp Director to obtain appropriate medical treatment for my child. I have read and fully understand all aspects of this form and consent to this waiver of liability.

Signature _____

Date _____