



**December-February 2015-2016**  
**Indoor Clinic:**  
**Sign Up Sheet**  
**\*\*Limited Spaces Available\*\***  
(Form and payment must be received by  
November 30, 2015)

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ ☐ Female ☐ Male

Level: ☐ Recreational ☐ Classic ☐ WAGS/NCSL ☐ Other - Specify Other: \_\_\_\_\_ Club Team: \_\_\_\_\_

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

Guardian's Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact- Name & Number: \_\_\_\_\_

List any Allergies and/or Medications: \_\_\_\_\_

**Medical Release**

My child is in good normal health and has my permission to participate in all training activities. In addition, I authorize Pivotal Play Soccer Training to act for me in securing medical treatment in the case of an emergency, illness or injury. Pivotal Play Soccer Training assumes no responsibility and will not be held liable for any accident resulting in medical, dental, or any other expenses. Each participating child is required to carry personal medical insurance coverage and understands the risks involved in playing competitive soccer.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo Release**

I give my permission to Pivotal Play Soccer Training to use my child(ren)'s photograph, video/film footage, voice recording and/or likeness thereof recorded during the duration of this soccer clinic training ("materials") for the purposes of public relations, public education, marketing, public service and/or fundraising. I agree that Pivotal Play Soccer Training LLC has the right use of my child(ren)'s image or likeness for ONLY the purposes described above, without additional remuneration beyond that, if any, which has been agreed upon this day. I hereby hold harmless Pivotal Play Soccer Training LLC from any liability for use of my child(ren)'s image or likeness, both visually and audibly.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLINIC INFO:**

**Dates:** December 7, 9, 11, 16, 18, 21, 23  
January 4, 6, 8, 11, 13, 15, 20, 22, 27, 29  
February 1, 3, 5, 8, 10, 12, 17, 19, 22, 24, 26

**Time:** Mondays & Wednesday from 5-6pm,  
Fridays 6-7pm

**Location:** Maryvale Elementary School (gymnasium)  
1000 1st St, Rockville, MD 20850

**Rate:** \$30 per session

**Discounted Rate:** Sign Up for 10 sessions for \$200!

**SIGN UP**

**Circle Dates you wish to attend:**

Dates: 2015- December 7, 9, 11, 16, 18, 21, 23

2016- January 4, 6, 8, 11, 13, 15, 20, 22, 27, 29

2016- February 1, 3, 5, 8, 10, 12, 17, 19, 22, 24, 26

<b>TOTAL</b>	<b>\$</b>
--------------	-----------

**Mail form along with payment made payable to Pivotal Play Soccer to the address below:**

Pivotal Play Soccer  
210 Fountain Green Lane  
Gaithersburg, MD 20878