## Hartford United SC Winter Skills Clinic 2019



When: Jan. 17, 24, 31, Feb. 14, 21, 28

**Time:** 5-6pm

Where: Rossman School, Hartford

Cost: \$50 (per player) if you register by Jan. 10.

\$60 after Jan 10.

Your child is invited to our 5th annual Hartford United Winter Skills Clinic. This clinic is open to HUSC micro and academy players ages 5-9. HUSC families are encouraged to invite a friend that may have an interest. Players will be exposed to new foot-skills and a lot of touches on the ball. We are pleased to offer a low player to coach ratio in an effort to maximize individual development. The first 50 players will be accepted. Come out of the cold, learn something new and have some fun too! Hartford United SC

Clinic directed by Jason Hartman - Hartford United SC Academy Director (USSF National "D" License). Support staff to include many HUSC coaches.

\*\* Low Player-to-Coach Ratio \*\*

Bring indoor soccer shoes or tennis shoes (no cleats), shin guards, water. Open to 5-9 year old girls and boys.

## Clinic Focus:

- Individual ball control
- Playing with your head up
- Agility, coordination, quick feet
- Passing accuracy
- Receiving with control
- Foot-skills multiple surfaces of the feet
- Turning
- Individual creativity
- Shooting



## **Hartford United SC**

Call or email Jason Hartman with questions acad.husc@gmail.com / 717-917-6885 www.hartfordunitedsoccerclub.com



## Hartford United SC player (minor/child) Release & Liability Waiver

To register for the Hartford United Winter Skills Clinic please read, complete and mail the following release form and check payable to Hartford United SC.

Hartford United SC PO Box 270733 Hartford, WI 53027

| Player (Minor/Child) Full Name:   |  |   |                                |                                   |
|---|--|---|--------------------------------|-----------------------------------|
| Date of Birth:  | Circle T-Shirt Size:   | YM                                      | YL                             | YXL                               |
| Parent/Guardian Full Name:  |  |   |                                |                                   |
| Parent/Guardian Address, City, State, Zip:  |  |   |                                |                                   |
| Email Address:  |  |   |                                |                                   |
| Emergency Telephone #: ( )  | Landline or cell n   | ımber?                                  | Land                           | line Cell                         |
| Mother's cell #: ( ) Fa   | ther's cell #: ()_   |   |                                |                                   |
| *Cell numbers may be used for clinic updates via text messag  | ing.   |   |                                |                                   |
| This is a legally binding Release for the above-named Player executed by the above-named Parent/Guardian to Hartford Un In this Release, the term "I" and "Undersigned" refer to the Participant of the Undersigned hereby grants permission to the Participant of Clinic. Participant(s) will engage in a soccer training clinic.                          | nited SC.<br>articipant's parent/guardian  | l <b>.</b>                              |                                | - /                               |
| In consideration of the Participant being permitted to participal United SC (and all Hartford United SC coaches) including Reactions that may arise from injury or harm to the Participant of Undersigned in connection with the Activity.  | ossman School from any an  | d all liabi                             | lity, clai                     | ms and                            |
| The Undersigned grants permission despite the possible dange understands that Hartford United does not require the Particip that the Participant is physically able to participate in the Acti grants permission to Hartford United to administer first aid an Participant. The Undersigned agrees to pay all expenses incur conjunction with the Activity. | ant to take part in any activity. In the event of an emod/or to obtain emergency n | rity. The U<br>ergency, t<br>nedical tr | Undersig<br>he Unde<br>eatment | ned submits<br>rsigned<br>for the |
| The Undersigned therefore agrees to assume and take on all of the risks associated with the Activity. The Undersigned also understands that this Release binds heirs, executors, administrators and assigns of the Participant.   |  |   |                                |                                   |
| I have read this entire Release, I fully understand it and I agree  | e to be legally bound by its   | terms.                                  |                                |                                   |
| Parent/Guardian Signatura   |  | Date                                    |                                |                                   |