



Wayuga Rec  
Co-Ed Indoor Soccer Training

**When: Sundays 3/3/19 through 4/7/19**

**Where: Red Creek High School Gym**

**Grades/Times:**

**Grades 1<sup>st</sup>-3<sup>rd</sup> (Tiny Mules) 11:00am – 12:30pm**

**Grades 4<sup>th</sup>-5<sup>th</sup> (Mini Mules) 12:30pm – 2:00pm**

**Grades 6<sup>th</sup>-8<sup>th</sup> (Jr. High Mules) 2:00pm – 3:30pm**

**Grades 9<sup>th</sup> -12<sup>th</sup> (Varsity Mules) 3:30pm-5:00pm**

**Cost: FREE for Red Creek Students**

**Registration Deadline: 3/1/19**

**Camp Overview: The training sessions will be run by the Red Creek Soccer Coaching Staff. The sessions will focus on developing the fundamental soccer skills through drills and lead up games.**

**Wayuga Rec Indoor Soccer Training Registration Form**

**Student Name:** \_\_\_\_\_

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

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

**Grade(Enter Fall 2018):** \_\_\_\_\_

**Time: (Check one)**

- Grades 1<sup>st</sup>-3<sup>rd</sup> (Tiny Mules) 11:00am – 12:30pm
- Grades 4<sup>th</sup>-5<sup>th</sup> (Mini Mules) 12:30pm – 2:00pm
- Grades 6<sup>th</sup>-8<sup>th</sup> (Jr. High Mules) 2:00pm – 3:30pm
- Grades 9<sup>th</sup>-12<sup>th</sup> (Varsity Mules) 3:30pm-5:00pm

**Emergency Contact Name:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

I hereby unconditionally release the Red Creek Central School District, and any of its staff, from all responsibility or liability in connection with any and all activities for the participants listed above, for the current calendar year. I acknowledge that neither I nor my children, suffer from any physical impairments and have no limitations, other than listed below, which may predispose me/my child to risk during any recreation activity. I give permission for a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I authorize the party or person in charge of my/my child's activity to seek medical care.

**Medical Conditions or Limitations:** \_\_\_\_\_

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- I give my permission for photos taken of my child or myself to be used for promotional purposes only.

**Date:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**Return Form to:** Marc Blankenberg – Red Creek Community Center, PO Box 190  
Red Creek, NY 13143 – [mblankenberg@rccsd.org](mailto:mblankenberg@rccsd.org) or fax 315-7542068