

Keep up your Soccer Skills !!
A LOWER SCHOOL PROGRAM
Drill Session 2016/2017

COACH NIXON SOCCER

U6 & U8 boys and girls - 3:15 - 4:15 p.m.
U10 & U12 boys and girls - 4:15 - 5:15 p.m.

10 week session fall & spring 2016/2017
Tuesday session : 11/8, 11/15, 11/29, 12/6, 12/13
1/17, 1/24, 1/31, 2/7, 2/14

COST: \$200

Students should wear shin guards and tennis shoes to each session and must bring a ball and water bottle.

Location: Lower School Field

REGISTRATION FORM ATTACHED



Nixon Soccer Drills

Player Name _____ Nickname _____

U6 _____ U8 _____ U10 _____ U12 _____

Monday Session _____ Tuesday Session _____

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

I, the parent / guardian of _____, do hereby give my permission and approval for my son/ daughter/guardianship to participate in the **Holy Spirit Preparatory School Lower School Program conducted by Jerren Nixon**. I am aware that playing or practicing any sport can be a dangerous activity involving risks of injury to my son or daughter. Because of the risk of participating in Soccer, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules and agree that my son/daughter will obey such instruction.

I do hereby, for myself, my heirs and administrators, waive and agree to hold harmless any and all adults who coach or chaperone this event, other participants, Holy Spirit Preparatory School, Nixon & Sons LLC, and any of the above named parties' representatives, supervisors, sponsors, and/or organizers, for any injuries in connection with the Soccer Program.

I also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I understand that in any such instance, all attempts will be made to contact the parent / guardian.

Furthermore, I agree that if the above named student's behavior is inappropriate, unsafe, and/ or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as result of my child/guardianship being sent home are my responsibility.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Address: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone(s):** _____

Email address: _____ **and**

Emergency Contact: _____ **Phone:**

Please note any medical conditions we should be made aware of: _____

\$200. registration fee is payable to Nixon & Sons LLC.

Return to the Lower School front office, attention: Jerren Nixon.