Hartford United SC Winter Skills Clinic 2017





Your child is invited to our 3rd annual Hartford United Winter Skills Clinic. This clinic is open to all HUSC academy players and beyond. Academy 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!!

Clinic directed by Eric Liebergen - Hartford United SC Academy Director (USSF National "D" License).

Support staff to include many HUSC coaches.

** Low Player To Coach Ratio **

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 Eric Liebergen with questions ad.husc@gmail.com / 262-224-2130 www.hartfordunitedsoccerclub.com

When: Feb 7, 14, 21 & 28 Mar 7, 14 & 21 from 5-6pm

Where: Rossman School, Hartford

What to bring: Indoor soccer shoes or tennis shoes (no cleats), shin guards, water.

Who: Open to 6-10 year old girls and boys. Limited to first 50 players.

Register (per player): \$35 by Jan. 24th. \$40 after Jan 24th.

The Richfield School District allows approved organization to distribute information for parents and students. The opinions and/or views expressed in this information are not necessarily those of the School District or its personnel.

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

Circle T-Shirt Size:

YL

YΜ

YXL



Hartford U	nited SC player (minor	r/child) release & liability waiv	/er
Player (Minor/Child) Full Name	: :		T
Date of Birth:			
Parent/Guardian Full Name:			
Parent/Guardian Address (Incl	ude City, State and Z	ip):	
Email Address:			
Emergency Telephone #: ()	This # is a (circle) land lin	e or cell
Mother's cell phone #: () Fa	ather's cell phone #: ()
*Cell numbers may be used for clinic updates via text messaging.			
This is a legally binding Release for the above-named Player (minor/child), (hereinafter referred to as "Participant") executed by the above-named Parent/Guardian to Hartford United SC. In this Release, the term "I" and "Undersigned" refer to the Participant's parent/guardian. The Undersigned hereby grants permission to the Participant to participate in the 2017 Hartford United Winter Skills Clinic. Participant(s) will engage in a soccer training clinic.			
In consideration of the Participan Hartford United SC (and all Hartfo claims and actions that may arise property belonging to the Unders	rd United SC coaches) i e from injury or harm to	including Rossman School fro the Participant or from loss o	m any and all liability,
The Undersigned grants permission Undersigned understands that Hathe Undersigned submits that the undersigned genergency, the Undersigned genergency medical treatment for to any emergency involving the Participant.	artford United does not be Participant is physical grants permission to Har the Participant. The Uparticipant in conjunctions to assume and take of	require the Participant to take ally able to participate in the Adartford United to administer firsundersigned agrees to pay all con with the Activity. On all of the risks associated was a second to the second t	e part in any activity. ctivity. In the event of st aid and/or to obtain expenses incurred due vith the Activity.
I have read this entire Release, I t	fully understand it and I	agree to be legally bound by	its terms.
Parent/Guardian Signature:		Date:	