



# Blue Wave Kickers Soccer with Friends



Want your child to play soccer with friends at a time that is convenient to you? This is the class for you! The SOCCER WITH FRIENDS program runs for 7 or 8 weeks and can take place at your home or in the park. Get a group of your children's friends together and we will do our best to run the class at the time of your choice. The minimum number of players per class is 6. The boys and girls will practice shooting, kicking, dribbling, passing and much more...all with BIG SMILES on their faces.

**Important!** Be sure to check the website at [www.bluewavekickers.com](http://www.bluewavekickers.com) before the first day for possible changes in location and weather cancellations.

Fill out the below information regarding your specific class that has been arranged:

Today's Date: \_\_\_\_\_

Host Family: \_\_\_\_\_ WHITE \_\_\_\_\_

Location: \_\_\_\_\_ TBA \_\_\_\_\_

Date of Program: \_\_\_ May 20, June 3, 10, 17, 24, July 1, 8, 15 \_\_\_

Time: \_\_\_\_\_ 11:30AM-12:15 PM \_\_\_\_\_

Tuition: \$160

Equipment: Wear comfortable soccer playing clothes & cleats or sneakers.. Bring a drink for water breaks.

Name:		Parent Names:	
DOB:		Home Phone:	
Address:		Emergency Phone:	
City, State, Zip:		Email:	

Checks Payable to: **Jonathan Bradley**  
Mail to: **112 Prudence Drive, Stamford, CT 06907**  
Email: [jon@bwksoccer.com](mailto:jon@bwksoccer.com)  
Phone: **203-550-6589**

### MEDICAL WAIVER

As parent/guardian of the above player, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical play at soccer camp. I agree to hold harmless BWK and its agents and employees and hereby release them from any liability on account of injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse BWK for expenses incurred by them, their agents and employees on account of medical insurance ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_