

SOCCKER SHOTS FALL 2021 REGISTRATION INFORMATION

_____ Session 1: Ages 4—9, Mondays, Sept. 13—Nov. 1, 3:45—4:45 pm

_____ Session 2: Ages 4—9, Wednesdays, Sept. 15—Nov. 3, 3:45—4:45 pm

_____ Session 3: Ages 10—14, Mondays, Sept. 13—Nov. 1, 5:00—6:00 pm

Fee per session: \$115 Wrightsville Beach Residents / \$135 Non-Residents

Student Name

Student Age, Date of Birth, and Grade

Parent or Guardian Name

Mailing Address

City, State, Zip

Wrightsville Beach Address (if property owner)

Primary Phone Number

Alternate Phone Number

Email Address

Emergency Contact:

Emergency Contact Name and Phone Number

YOUTH SHIRT SIZE: ___SM ___MED ___LG ___XL

Medical Information: List any physical conditions your child has that the instructor should be aware of (e.g. allergies, asthma, ADHD, etc.)

Release/Waiver: I am the parent or guardian of the registered student, a minor child. By checking below I accept this Release, Waiver, Indemnity Agreement and Covenant Not to Sue (the "Agreement") in consideration of the Town of Wrightsville Beach permitting my child to participate in the program for which I have registered my child offered through the Town of Wrightsville Beach Parks and Recreation Department. I acknowledge that participation in this program may involve strenuous physical activity on my child's part. I further acknowledge that participation in this event carries with it the potential for injury to my child. I state that my child is in proper physical condition to participate in this program. I agree to assume full responsibility for any injuries or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I do hereby release the Town of Wrightsville Beach, its contractors, officials, officers, agents, employees and volunteers, and their instructors (collectively the "Released Parties") from and waive all claims of whatsoever kind or nature that I or my child may have or which may accrue to me or my child at any time to include claims for injuries, damage or loss resulting from or on account of my child's participation in this program. I further agree to indemnify and hold harmless and to defend the Released Parties from any and all claims resulting from injuries, damages and losses sustained by me or my child arising from or on account of my child's participation in this program. I further covenant not to sue the Released Parties based on any and all claims resulting from injuries, damages and losses sustained by me or my child arising out of my child's participation in this program. This Agreement shall be construed broadly to provide a release, waiver, indemnity and covenant not to sue to the maximum extent permissible under applicable law. I hereby certify that I have read this release/waiver and I understand its contents.

I hereby give permission for images of my child, captured during the program through video, photo and digital camera, to be used solely for the purposes of Town of Wrightsville Beach promotional material, newsletters, websites and publications and waive any rights of compensation or ownership thereto.

Refunds: Should I decide to cancel this registration, a full refund (less a \$5 administrative fee) will be made if requested at least two weeks prior to the start of the program. If requested less than two weeks in advance, 20% will be retained as an administrative cost. If requested after the program has started, 40% plus a pro-rated amount for all days already conducted will be assessed, whether or not the child was in attendance.

Parent/Guardian Signature and Date

Please mark your calendar for the session in which you've registered.
We do not make reminder calls or send reminder emails.

Mail completed forms with fees to: *Wrightsville Beach Parks and Recreation
PO Box 626, Wrightsville Beach, NC 28480*

Drop off completed form with fees to: *Parks & Recreation Office
1 Bob Sawyer Drive*

To pay with a credit card over the phone: *Save and email* completed form to:
ParksAndRecreation@towb.org*

**Include a phone number we can call for credit card information (\$4.00 bank fee added).*

Questions? Call us at 910-256-7925

SOCCER SHOTS

Ages 4—9 Soccer Shots is an engaging children’s soccer program with a focus on character development. Our caring team positively impacts children’s lives on and off the field through best-in-class coaching, curriculum and communication. Our coaches are the best-trained in the business. Our curriculum is expert-approved, age-appropriate, and aligns with childhood education standards. Our communication is thorough, guaranteeing an exceptional customer experience.

SOCCER SHOTS ACADEMY

Ages 10—14 Licensed and trained Soccer Shots coaches will provide a new, more intensive soccer training program for children who have aged out of our traditional Soccer Shots program and would like to grow their soccer skills. Curriculum will be similar in structure to Soccer Shots Cape Fear, but with more emphasis on personal development. Training will include individual training and a weekly scrimmage.

Dates:

Session 1: Soccer Shots, Mondays, September 13—November 1, 2021

Session 2: Soccer Shots, Wednesdays, September 15—November 3, 2021

Session 3: Soccer Shots Academy, Mondays, September 13—November 1, 2021

Times: Soccer Shots: 3:45—4:45 p.m.
Soccer Shots Academy: 5:00—6:00 p.m.

Fees (per session): Wrightsville Beach Residents \$115
Non—Residents \$135

Location: Wrightsville Beach Park Soccer Field

Equipment: Each child should wear cleats, shin guards, and should bring a large water bottle. Please include your child’s name on everything they bring.

We require a minimum of 10 registered students per session. If we do not have 10 students registered by noon on the day before the start date, the program will be cancelled.

SOCCER SHOTS

(Ages 4—9)

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SOCCER SHOTS ACADEMY

(Ages 10—14)



Wrightsville Beach Parks & Recreation

1 Bob Sawyer Drive, P. O. Box 626

Wrightsville Beach, NC 28480

Phone: (910) 256-7925,

Email: ParksAndRecreation@towb.org

www.TownOfWrightsvilleBeach.com