



# The Pacesetter Soccer Club

Excellence Since 1980

5400 W. Central Ave • Toledo, OH 43615

## FREE Training Clinics

November 7<sup>th</sup>

Come try out a training session conducted by Pacesetter staff coaches!

The clinics will be held at our indoor facility, 5400 W. Central Ave., Toledo, OH 43615, on November 7<sup>th</sup> at the times listed below.

The clinic is open to all non-Pacesetter players ages 7-12.

Space is limited – so sign up today!

### Schedule (see age-table below):

|        |             |
|--------|-------------|
| U7-8   | 12:00-12:45 |
| U9-10  | 1:00-1:50   |
| U11-12 | 2:00-2:50   |

Soccer ages its players similar to the academic year. To register for the appropriate session(s), use the following Age Table:

- U7 Born between 8/1/2002 and 7/31/2003
- U8 Born between 8/1/2001 and 7/31/2002
- U9 Born between 8/1/2000 and 7/31/2001
- U10 Born between 8/1/1999 and 7/31/2000
- U11 Born between 8/1/1998 and 7/31/1999
- U12 Born between 8/1/1997 and 7/31/1998

Complete the attached registration form and send it to 5400 W. Central Ave, Toledo, OH 43615 to ensure a spot in the camp.

You can find information about other camps, clinics, and programs listed on our web site: [www.pacesetersoccer.net](http://www.pacesetersoccer.net). Click on Programs.



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|                    |       |                    |                 |                                    |
|--------------------|-------|--------------------|-----------------|------------------------------------|
| Name               |       | Gender<br>M F      | Age             | Age Group:<br>U7 U8 U9 U10 U11 U12 |
| Address            |       | Date of Birth      |                 | School/Grade                       |
| City               | State | Zip                | Home Telephone# |                                    |
| Father's Name      |       | Cell Phone         |                 |                                    |
| Mother's Name      |       | Cell Phone         |                 |                                    |
| E-mail Address(es) |       | Current Club/Team: |                 |                                    |

### Liability Waiver Form

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify The Pacesetter Soccer Club and its employees for the academy for which I am registering my child to participate.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consent for Medical Treatment (Minor)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or a doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_