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COACH & PLAYER CLINIC

Hosted by Wilson County Soccer League
Coached by World Wide Soccer

Saturday March 5th 2011 – 11am to 1pm

Professional Training Soccer Clinic

World Wide Soccer and Wilson County Soccer League have scheduled a Coach & Player Clinic as pre-season preparation. Both coaches and players will have the opportunity to learn and have fun over the 2 hour clinic.

Coaches: The clinic will offer coaches a chance to watch the World Wide Soccer Trainers work through various technical drills and small-sided games. World Wide Soccer will also provide training booklets that summarize the clinic and offers additional training material for coaches to use.

Players: We need players to run the training clinic. Each player will train for 2 hours with our staff, taking part in all drills and small-sided games. This a great opportunity for these players to work with our professional coaching staff and play together ahead of the spring season.

PRICE: \$10 per player. Coaches fee arranged by WCSL.

Register now, pay on the day!

Clinic contacts

Joe Gonzales 210 710 4916
Noel Hatherall 210 315 2627
noel.hatherall@worldwidesoccersa.com

Location: HWY 97 fields, Floresville

Players will need to bring shin guards, soccer ball, cleats and fluids

Register by contacting Elizabeth Gonzales
elizabethgonzales08@yahoo.com

Free t-shirt for each player!

Please return this waiver and checks payable to World Wide Soccer, PO Box 17523, San Antonio, TX 78217.

Player 1: _____ Age _____ DOB _____ M/F _____ Camp type/date: _____

Player 2: _____ Age _____ DOB _____ M/F _____ Camp type/date: _____

Player 1 t-shirt size (circle): YS YM YL AS AM AL AXL Player 2 t-shirt size: YS YM YL AS AM AL AXL

Soccer ball size: 3-6 yr olds #3 _____ 8-12 yr olds #4 _____ 13+ yr olds #5 _____

Parent/Guardian Name: _____ Phone 1: _____ Phone 2: _____

Address _____ Zip: _____

Email: _____ (Print) Would you like to be added to our emailing list? Y / N

I _____ hereby release World Wide Soccer LLC, its staff members and trainers from any and all liability resulting from injuries, illness, negligence or losses that my child may suffer while participating in the SA United program. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give permission to a staff member to provide such care. By signing below I give permission for my child to be photographed or video taped and for those images to be used by World Wide Soccer LLC for future promotions.

Signed Parent/Guardian: _____ Print Name _____ Date _____ / _____ / 2011