




**C.I.S.C.**  
 Carroll Indoor Sports Center  
 www.carroll-indoor.com

# FUTSAL SKILLS CLINIC

*Futsal has proven to be an important part of the player development landscape for leading soccer nations such as Spain and Brazil. Futsal demands good technique and quick decision and we feel it will be an excellent addition to the development environment for players. We are excited to offer futsal as a component of our training calendar to maximize development potential.*

**Dates:** November 23 - January 25  
**Days:** Mondays for 10 weeks  
**Cost:** \$110 and includes Baden futsal training ball  
**Registration:** Class age divisions for U9, U11 and U13. Classes are co-ed.  
**Location:** Carroll Indoor Sports Center  
**Times:** U9 5:30-6:30 PM  
 U11 6:30-7:30 PM  
 U13 7:30-8:30 PM  
**Availability:** Space is very limited for small classes. First come first serve.  
**Equipment Needed:** Shin guards, water bottle, flat sole indoor shoes.  
**Format:** The goal of this clinic is to introduce players to the technical skills and footwork for individual development. Drills will be age appropriate.  
**Instructor:** Jim Kappes- Former Head Coach of Nationally Ranked and Regional Futsal Champion Westminster Wolves U11 Club. Coaching License "E" through MSYSA. Wade Shank-Head Coach of the GU12 North Carroll Nighthawks soccer team and 2015 State Cup Futsal Champs. Coaching License "E" through MSYSA.

# FUTSAL SKILLS CLINIC

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Payment (check one): Check  Visa  Mastercard  Discover  American Express

(Place credit card information in box below)



Name on CC: \_\_\_\_\_ CC Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Signature: \_\_\_\_\_

**Liability Release Waiver, Age Verification & Roster Form**

I verify that the birth date provided herein is true & correct. I further verify that I will not hold the Carroll Indoor Sports Center, Inc. (CISC), National Building Leasing, Inc., or representatives or officials of these organizations, responsible for any injury or accident which may occur while traveling to, participating in, or returning from any CISC game or event.

- Acknowledge, agree, & represent that I understand the nature of SPORTS activities & that I am qualified, in good health, & in proper physical condition to participate in such Activity. I further agree & warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- Fully understand that: (a) SPORTS activities involve risks & dangers of serious bodily injury, injury, including permanent disability, paralysis, & death ("risks"); (b) these Risks & dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or The negligence of the "releesees" names below; (c) there may be other risks & social & economic losses either not known to me or not readily foreseeable at this time; & I fully accept & assume all such risk & all responsibilities for losses, costs & damages incur as a result of my participation or that of the minor in the Activity.
- Herby release, discharge, & covenant not to sue CARROLL INDOOR SPORTS CENTER, INC., their respective administrators, directors, agents, officers, members, volunteers, & employees, other participants, any sponsors, advertisers, and, if applicable, owner & lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releesees" or otherwise, including negligent rescue operations & I further agree that if, despite this release & waiver of liability, assumption of risk, an indemnity agreement, or anyone on my behalf, makes a claim against any of the "Releesees", I will indemnify, save, & hold harmless each of the "releesees" from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

**Minor Release**

I, the minor's parent and/or legal guardian, understand the nature of SPORTS activities & the minor's experience & capabilities & believe the minor to be qualified, in good health, & in proper physical condition to participate in such activity. I herby release, discharge, covenant no to sue, & agree to indemnify & save & hold harmless each of the releas'e's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releesees" or otherwise, including negligent rescue operation & further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releesees named above, I will indemnify, save, & hold harmless each of the releesees from & litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. I give CISC permission to use photos/images of my child for web design, graphics, flyers and all other print materials for CISC promotional purposes. I further understand that CISC does not require background checks on volunteers or instructors.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed registration form and check payable to CISC, 515 Old Westminster Pike, Westminster, MD 21157

**For office use only:** Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Type of Payment: \_\_\_\_\_ Initial: \_\_\_\_\_