



Wickliffe Recreation Department

WICK KICKERS



A four-week program for boys and girls ages 4-6.
Boys and girls have fun and learn the basics of soccer.
Sessions include instruction, participation with fun age appropriate drills
designed to teach skills, and a non-competitive game.

This is a program to introduce young children to the sport of soccer,
parents may be asked to help with some drills.

Make sure to bring a water bottle and shin guards.

SESSIONS WILL START SATURDAY APRIL 18th through May 9th, 2020

(The first Saturday; April 18th we will start at 9:15am)

4 consecutive, Saturdays 9:30am-10:15am at Coulby Park, behind tennis courts.

Each participant receives a t-shirt and a ball.

WICKLIFFE RESIDENTS: \$30 / NON-RESIDENTS: \$40

LIMITED TO THE FIRST 25 WHO REGISTER AND PAY

Photographs are occasionally taken at Recreation Department activities to memorialize past and promote future events. By registering for any Wickliffe Recreation Department program, you grant permission to the City of Wickliffe for the publication of any photos taken during such programs for use in public presentations, advertising, publicity and promotions relating thereto.

**CUT AND RETURN BOTTOM SECTION AND FEE TO
WICKLIFFE RECREATION DEPARTMENT, 28730 RIDGE RD WICKLIFFE 44092,**

CHECKS PAYABLE TO: CITY OF WICKLIFFE

QUESTIONS? - PHONE: 943-7120

REGISTRATION STARTS FEBRUARY: MON. - FRI., 8:00 AM - 4:00 PM.

WICK KICKERS SOCCER REGISTRATION FORM (PLEASE PRINT)

NAME _____ BIRTHDATE _____

ADDRESS _____ CITY/STATE/ZIP _____ AGE _____

PHONE _____ ABLE TO RECEIVE TEXT (CIRCLE) YES OR NO

EMAIL _____

CIRCLE SHIRT SIZE: XS-YOUTH SM-YOUTH M-YOUTH L-YOUTH SM-ADULT M-ADULT L-ADULT

LIST ANY CRITICAL MEDICAL INFORMATION CONCERNING THIS CHILD (ALLERGIES, ASTHMA, HEART CONDITION, OTHER):

(CIRCLE ONE) **I DO / I DO NOT** give my consent for emergency medical treatment for my child in the event reasonable attempts to contact me or my spouse have been unsuccessful. The authorization for medical treatment does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery. If you choose to not grant consent for medical treatment, program authorities will take no action.

CHILD'S PHYSICIAN _____ PHONE# _____

CHILD'S DENTIST _____ PHONE# _____

In case of loss or injury while participating in Wickliffe Recreation Department Programs, I, the parent/guardian, release from liability The City of Wickliffe, Wickliffe City Schools and any and all personnel and/or volunteers associated with this recreation program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

OFFICE USE ONLY

FEE \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____