

Kiko's Dribbling Soccer School Est. 1980

Dear Parents:

The 2024-2025 Winter Skills Clinic will begin: November 4 through February 24, 2025. This will consist of a complete session lasting 15 weeks.

Weekly 1-hour sessions will be held on Monday's at:

The Donauschwaben's German-American Cultural Center
7370 Columbia Road, Olmsted Falls Ohio 44138
Tel: 440-235-2646

Please indicate your day and time preference:

- **Nov: 4, 11, 18, 25** **TIME:** _____
- **Dec: 2, 9, 16** **TIME:** _____
- **Jan: 6, 13, 20, 27** **TIME:** _____
- **Feb: 3, 10, 17, 24** **TIME:** _____

The Winter Skills Clinic cost is \$600 for 15 classes

Mondays (Boys + Girls)	*NOTE* In any case of severe weather conditions, we will make up the class at a later time.
4:30 - 5:30 PM (7-10 years old)	
5:30 - 6:30 PM <i>*This class is already at full capacity, with all slots filled.</i>	
7:00 - 8:00 PM (11-13 years old)	

Please make the payment for Kiko before the first class by:

- 1) Mail check to: **Kiko's Dribbling LTD, 32671 Admirals Way, Avon Lake, OH 44012**
- 2) Pay in cash to Kiko
- 3) CashApp or Venmo is not available.

*Checks must be paid in full **no later than the first class**. There will be a **\$25.00 fee** for insufficient funds on any returned check. For questions, please contact Kiko at (440) 506-4843 or kikolopezsoccer@gmail.com

Player Name: _____ Age _____

Address: _____

Home Phone: _____ Cell: _____

E-mail: _____

PLEASE MAKE EMAIL LEGIBLE

MEDICAL RELEASE & PARENTAL CONSENT FORM

I, as Parent/guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is enrolled in the Kiko's Dribbling Soccer School (KDSS). In consideration of the acceptance of my child's/ward's entry to Kiko Dribbling, Ltd., I hereby, for myself and my child/ward, our heirs, executors, administrators and personal representatives. Discharge, waive and release Kiko López and Kiko Dribbling, Ltd. instructors and staff, their parents, agents and employees, and the owners of any facilities in which injury or death, which my child/ward or I may virtue of or arising in connection with his/her participation in KDSS. By executing this document, I hereby assume in behalf of my child/ward, all risk of injury or loss which he/she may be exposed.

I acknowledge that I have read and fully understand this Medical Release and Parental Consent Form.

Name of Parent or Guardian (PLEASE PRINT)

Signature of Parent or Guardian

DATE

ATTENTION | PLEASE READ

- Every student should bring his/her own water bottle.
- Every student must bring a soccer ball, according to their age.
- Makeup classes are to be done within the session that you paid for. No reimbursement for not making up the classes.
- Please do not coach your child while in class.
- Children are prohibited from jumping or running within the premises, as well as from causing disorder in the bathroom facilities.

I sincerely appreciate your support and look forward to training your child.

Kiko López – Director of Coaching

Tear here. Keep left side.