

Kiko's Dribbling Soccer School Est. 1980

Celebrating 40+ years of teaching footskills!

Dear Parents:

The 2026 Fall Skills Clinic will begin September 7, 2026 to October 21, 2026. This will consist of a complete session lasting 7 weeks.

Weekly 1-hour sessions will be held Monday thru Friday at:

Walker Road Park

31621 Walker Rd. Avon Lake, OH 44012

Please indicate your day and time preference:

- Monday: Sept. 7, 14, 21, 28 Oct. 5, 12, 19 TIME: _____
- Wednesday: Sept. 9, 16, 23, 30 Oct. 7, 14, 21 TIME: _____

The Fall Skills Clinic cost is \$280 for 7 classes

Mondays <i>(Boys + Girls)</i>	Wednesdays <i>(Boys + Girls)</i>	*NOTE* In any case of severe weather conditions, we will make up the class at a later time.
4:30 PM - 5:30 PM <i>(5-8 years old)</i>	4:30 PM - 5:30 PM <i>(5-8 years old)</i>	
5:30 PM - 6:30 PM <i>(9-12 years old)</i>	5:30 PM - 6:30 PM <i>(9-12 years old)</i>	

DEADLINE TO SIGN UP IS: SUNDAY, SEPTEMBER 6TH, 2026

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 or on Cash App to: \$kikolopezsoccer10

*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.
- Students are prohibited from jumping or running within the premises, as well as from causing disorder in the bathroom facilities.
- Students are prohibited from using their smartphone devices during the duration of the 1-hour footskills session.

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

Kiko López – Director of Coaching

Tear here. Keep left side.