Kiko's Dribbling Soccer School Est. 1980

Dear Parents:
The **2024 Spring Skills Session** will begin:
Friday April 12th 2024 through Friday May 24th 2024

Weekly 1-hour sessions will be held **Fridays** at Walker Road Park:
31621 Walker Rd, Avon Lake, OH 44012

Please indicate your day and time preference:
Friday: April 12, 19, 26
May 3, 10, 17, 24 Time: _____

Spring Session:
$280 for 7 classes

Friday (boys + girls)	***NOTE***
4:30pm - 5:30 pm *(5-8 yrs)*	In any case of severe weather conditions, we will make up the class at a later time.
5:30pm - 6:30 pm *(9-11 yrs)*	
6:30pm - 7:30pm *(12-14 yrs)*	

***DEADLINE TO SIGN UP: Thursday, April 11th**

*Please pay Kiko via $CashApp or mail checks to:

- ***Kiko's Dribbling LTD, 32671 Admirals Way, Avon Lake, OH 44012***
- ***$kikolopezsoccer10***

*Checks to 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, contact Kiko at (440) 506-4843 | kikolopezsoccer@gmail.com

Tear here. Keep left side.

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.

I sincerely appreciate your support and look forward to training your child.
Kiko López – Director of Coaching