



OMAHA FC

14706 Giles Rd – Omaha, NE 68137

KickStart / U5 YDP Winter Training

Hosted by the Omaha Football Club, Christina Lewis, and Staff

Who: U4 & U5 Boys & Girls

Players should be born Jan-July of 2006, Any month in 2005 or Aug-Dec of 2004

What: This is a program for players/families who want to have a little extra fun and play some soccer skill games this winter.

When: Wednesday mornings from 9:30am-10:30am, January 6th – February 10th 2010

Where: Indoors at the Omaha Sports Complex, 147 & Giles Road

Cost: \$40, checks should be made out to Omaha FC



Age Group	Dates	Time	Location	Cost
U4-U5	Wednesday's, Jan. 6 th – Feb. 10 th	9:30am-10:30am	Omaha Sports Complex	\$40

Registration Deadline is December 29th, 2009

Players should bring a ball and water

Please fill out and mail the bottom portion of the registration form and waiver form to the address below.

Mail to: OFC KickStart

Omaha Sports Complex
14706 Giles Rd.
Omaha, NE 68138

KickStart / U5 YDP Winter Training

Player's Name: _____ **Parent or Guardian Name:** _____

Day Phone #: _____ **Evening Phone #:** _____ **Player's Age Group:** U4 or U5
(Please Circle One)

Gender: M or F **Amount Enclosed:** _____ **Check #** _____ (Checks Payable to Omaha Football Club)

Any Health Concerns: _____

Liability Waiver

I / We the parents and or guardians of the above named player give permission for the above named player to take part in all activities during the above training. We understand that, as with any sport, injuries can occur and that we the parents and or guardian do not hold Omaha Sports Complex, UNO Dome, Omaha Football Club, successors, agents, representatives, volunteers, and or any clinicians liable for any accident or injuries occurred during the above said training.

Medical Waiver Form

I / We the Parents or guardians understand that our child, children will be taking part in all physical activity' during the dates and times of said training. We the parents and or guardians acknowledge that the registered player is in good health and is mentally capable of taking part in all activities. We the parents and or guardians are confident that the named player is able to engage in all activities.

Signature of Parent or guardian _____ **Date** _____

Emergency Contact name and Phone # _____

Please contact Christina Lewis with questions: 402-896-4420