

Winter III 2013

FEB 24 – APR 7

Sunday at Noon

Off Mar 31



# Micro Ball

### Details:

- Sunday 12:00pm.
- Organized by nationally licensed, NEO United Coaches
- 4v4 or less size scrimmages
- NEW players receive MICRO t-shirt
- No whistles
- Limited to 8 children per coach

### Play requirements:

- Shin guards
- Sneakers or soccer shoes
- Appropriate clothing for the conditions
- Size 3 or 4 ball will be provided but can be purchased at the Pro Shop at NC Soccer



NEO United Soccer Club

5661 Stow Rd Hudson, Ohio

330-650-2554

## Micro Ball

Micro Ball is soccer 3,4,5 year olds. It is intended to introduce the beautiful game to children. We aim to maximize a child's interest through a fun but structured learning environment.

Several short activities are played that help improve spatial awareness and agility. Most activities will include the

use of a ball to develop the young soccer player. Several key techniques will be covered, like proper form for striking a ball. Each day ends with a small, sided scrimmage. Small, sided scrimmages promote the number of touches per player.

## Coaches

**Tina Gaither**

NEO United Coach  
NSCAA Licensed

\* Coach participation will depend on number of children registered.

## Waiver and Release

I, as Parent/Guardian of the above referenced Participant do hereby consent to Participant's participation in Super Ball and all of its activities. I verify that Participant – or me – is/are covered by medical insurance and understand that such insurance is required to participate in Super Ball. I further verify that Participant has been checked by a physician and is able to participate in soccer/athletic activities. I, as Parent/Guardian of the above referenced Participant do hereby for Myself and Participant, our heirs, executors, administrators, and personal representatives discharge, waive, and release NEO UNITED, NC Soccer Club, Inc., their officers, partners, agents, employees, representatives, and the owners of the facility (or "the Program") from any and all claims, liability or demands for any personal injury, sickness or death as well as property expenses of any nature whatsoever which may be sustained or incurred by Myself or Participant in connection with participation in Micro Ball and its athletic activities. I agree to hold harmless and indemnify the Program for any liability sustained by the Program as a result of the negligent, willful, or intentional acts of Myself or Participant. I acknowledge that the Program does not provide medical insurance. Permission is granted for Myself or Participant to receive emergency medical treatment if needed and consent and agree that the Program will not be held responsible for said emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

### Select:

Session Fee: \$60.00

Early Registration? (\$10 discount) :  Yes  No

(Early Registration Deadline is **Feb 7th**)

### Method of Payment

- Check/Cash       Discover  
 Visa                       MasterCard

Security Code \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Total:

Mail to: PO Box 2251, Stow, OH 44224

Phone: 330-650-2554

GPS: 5661 Stow Rd, Hudson, OH 44236

Email: [brian@ncsoccerhudson.com](mailto:brian@ncsoccerhudson.com)