

# Beyond Smart Soccer



The Start Smart program instructs children ages 6-10 years old the skills necessary to play organized soccer. This 6-week program focuses on expanding skills of kicking, dribbling, trapping, throw in & running skills; focus will be on foot skills & agility. Each week will introduce more difficult exercises as the class progresses, and the children show improvement.

Instructor: Dani Moody  
Dudley Fieldhouse

**Wednesday Evenings: 7:00-8:00pm**

6-Week Program: February 3- March 10

## PLEASE PRINT CLEARLY

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ - \_\_\_\_\_ (     ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

## WAIVER SIGNATURE ON BACK PAGE

The undersigned hereby consents to participate in the above named recreation program sponsored by the Department of Recreation, City of Willowick. I assume all risks, injuries, illnesses, and hazards incidental to such participation including transportation to and from activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless any and all claims for damages against the Willowick Recreation Department, officers, employees, Start Smart, and Dani Moody, on their own behalf on account or resulting from participating in such activity.

\_\_\_\_\_  
Participant Waiver Signature

SESSION FEE: 6-Weeks - \$45

Forms of payment: **Cash** or **Check** (payable to: Dani Moody)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_\_ Total Paid: \_\_\_\_\_



**WAIVER OF CLAIMS AND INDEMNIFICATION**

The undersigned \_\_\_\_\_ (Parent/Guardian of \_\_\_\_\_) hereby consents to participate in the above named recreation program sponsored by the Department of Recreation, City of Willowick. I assume all risks, injuries, illnesses, and hazards incidental to such participation including transportation to and from activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless any and all claims for damages against the Willowick Recreation Department, officers, employees, and the instructor, on their own behalf on account or resulting from participating in such activity.

**Exposure to Contagious Disease**

To ensure the safety of all participants in the Program, all participants and/or parent/guardians agree to complete a daily symptom assessment of the child before drop off. If a child has been exposed to an individual who has contracted COVID-19 or is experiencing symptoms of COVID-19, including but not limited to cough, shortness of breath, difficulty breathing, fever, chills, shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell, the parent/guardian shall notify the Recreation Department and keep the child home from the program until the child has been free of fever for at least 72 hours, if the child is experiencing symptoms, or in the case of exposure to an individual with COVID-19, has been self-quarantined for a period of 14 days.

By placing your signature below, you acknowledge receipt safety guidelines and regulations applicable to the safe operation of the Willowick Program and further agree that both parent/guardian and child will adhere to the same.

\_\_\_\_\_  
Participant Waiver Signature