



# Home School Soccer Program

*2012 Spring Session*



- 🏆 Cost: \$60 per child, \$50 each additional
- 🏆 Dates: March 13 through April 24 (Every Tuesday)  
(May 1, rain date)
- 🏆 Time: 1:00-2:30 PM
- 🏆 Location: Weddington Optimist Park  
5211 Weddington Rd.  
Weddington, NC 28104
- 🏆 Directions: Weddington Optimist Park is located on NC Hwy 84 approximately 4 miles Southeast of Weddington, NC and the intersection of Hwy 84 and Hwy 16



Please fill out this form and return it to the Charlotte Eagles Soccer Club, Attention Benjamin Ressler:  
1020 Crews Rd, Ste. N, Matthews, NC 28105 or contact Benjamin Ressler at 704-841-8644 ext. 27 to register over the phone.

Parent's Name: \_\_\_\_\_  
Student's Name & Age: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Payment:  Check Enclosed  Credit Card  
Credit Card:  Visa  MasterCard  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Home School Waiver Form

Please list any special instructions or need to know information about your child:

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## Behavioral/Discipline

The purpose of the Charlotte Eagles Home School Soccer Program is to provide a fun and safe environment for home school children ages 4-16 to learn the skills needed to become proficient at the game of soccer. It is the Eagles mission to partner with the parents in teaching Biblical character and sportsmanship through all interaction with the students. The Eagles do not tolerate obstinate or rebellious behavior that can either influence other students or interfere with the program. The Eagles coaches reserve the right to disciple students by having them sit out during the program. The coaches will make every effort to communicate with the parents any apparent problems or situations. We ask full cooperation of each parent to make the program a success for everyone involved.

## Medical Waiver

As parents/guardian of the above player, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical play at the soccer clinic. I agree to hold harmless Weddington Optimist Park and/or Missionary Athletes International, Charlotte Eagles Soccer Club, and its agents, employees, counselors, volunteers, and coaches and hereby release them from any liability on account of injuries sustained by player while participating in soccer clinic activities. I give permission for player to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse Charlotte Eagles Soccer Club for expenses incurred by them, their agents, employees, coaches, counselors, and volunteers on account of medical treatment ordered at their discretion and also in indemnify them for any expenses not reimbursed by such insurance. I have read and understand the above.

Signature of Parent/Guardian \_\_\_\_\_

*Please mail along with your check to: Charlotte Eagles Office 1020 Crews Rd. Ste N, Matthews NC 28105*

*Please direct all question or concerns to Benjamin Ressler: [bressler@charlotteeagles.com](mailto:bressler@charlotteeagles.com), 704-787-5592*