



# WALTER JOHNSON HIGH SCHOOL BOYS SOCCER FALL YOUTH CLINIC



TUESDAY, NOVEMBER 6, 2018

For 2<sup>nd</sup>-5<sup>th</sup> graders (boys and girls)

**WHAT:** Train with WJ soccer players to sharpen field skills on the WJ turf field!

**WHEN:** Tuesday, November 6, 10am-12pm (check in starting at 9:45am)

**WHERE:** Walter Johnson High School Turf Field (6400 Rock Spring Drive, Bethesda, MD)

**FEE:** \$40 per player

**REGISTRATION:** Send email to WJ soccer parent Kristen Wheeden at [kwheeden@gmail.com](mailto:kwheeden@gmail.com). Include player name, grade, school and parent name, email address and phone number.

**PAYMENT and WAIVER:** \$40 check payable to Kristen Wheeden (write WJ Soccer Clinic in the memo line). Mail check and Waiver (below) to:  
Kristen Wheeden, 9007 Ewing Drive, Bethesda, MD 20817

**BRING:** A soccer ball and water. Wear shin guards and cleats.

## PREPARE TO HAVE FUN!!!

### ALL PROCEEDS BENEFIT WJHS BOYS SOCCER PROGRAM

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### REGISTRATION AND WAIVER

I hereby authorize the directors of the Walter Johnson Youth Soccer Clinic to act for me according to their best judgement in any emergency requiring medical attention. By entering my name below, I hereby waive and release Walter Johnson Youth Soccer Clinic and Walter Johnson School from all liability. I know of no mental or physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with his or her attendance at camp.

I certify that I am the parent of legal guardian of the named participant in the WJ Youth Soccer Clinic. I hereby give my consent to participation by my dependent in this soccer clinic and to receive medical treatment as indicated if necessary. I further agree to hold harmless Walter Johnson High School.

Participant Name \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Signature of Parent of Legal Guardian \_\_\_\_\_  
Signature Date

Cell Number in Case of Emergency \_\_\_\_\_