

(Application)

Name _____

Phone _____

City/State _____ Zip Code _____

Grade Entering _____ Club _____

Email _____

Parent(s) Statement: I hereby authorize the Directors of the Winter Soccer Clinic to act according to their best judgment in any emergency requiring medical attention. A recent physical examination for my child indicates no reason he/she should not participate in the activities of the camp.

Parent's Signature

Date: _____

*Applications are now being accepted. The enrollment is limited and all applications will be considered in the order received.
NO REFUNDS WILL BE MADE AFTER APPLICATIONS HAVE BEEN ACCEPTED.

This application should be sent with full payment of **\$135**

Make checks payable to:
Cream City Soccer Academy
and mail to:
Cream City Soccer
2618 N Harding Blvd.
Wauwatosa WI 53226

*Registration is also available online at
creamcitysoccer.org

If you have any questions please email Kevin Roethe at
roethek@dsha.k12.wi.us

Cream City Soccer Academy *Winter Soccer Clinic*



January – February

For Boys and Girls

6:30-7:30pm 6-9 year olds
7:30-8:30pm 10-14 year olds

8 Total Sessions

Every Tuesday
Starting January 10 and ending February 28
at
Williams Bay Elementary School