



Kiko's Dribbling School LTD.



Dear Parents:

Indoor Footskills Session II will begin January 2nd- February 29th.

Weekly One (1) hour sessions will be held Monday-Saturday at - 1482 Lear industrial parkway, Avon Ohio 44011

Cost is kids 13 and under. \$126.00 for 8 sessions, and Kids 13-18 years old. \$144.00 for 8 sessions.

** Make checks payable to Kiko's Dribbling LTD. Checks are to be paid in full no later than the first class.

** There will be a \$25.00 fee for insufficient funds on any returned check.

Please indicate your preferred days by ranking at the left with a 1 indicating your first choice etc. Also please indicate your time preference on the right of each day. *If not available mark N/A.*

() 4:00 - 5:00 () 5:00 - 6:00 () 6:00 - 7:00
() 7:00 - 8:00 () 8:00 - 9:00pm

() Monday: Jan. 2, 9, 16, 23, 30 Feb. 6, 13, 20, 27 Time: _____

() Tuesday: Jan. 3, 10, 17, 24, 31 Feb. 7, 14, 21, 28 Time: _____

() Wednesday: Jan. 4, 11, 18, 25 Feb. 1, 8, 15, 22, 29 Time: _____

() Thursday: Jan. 5, 12, 19, 26 Feb. 2, 9, 16, 23 Time: _____

() Friday: Jan. 6, 13, 20, 27 Feb. 3, 10, 17, 24 Time: _____

Please let me know well in advance if you will be coming back for the third Session since I have other students waiting to come back. **thank you,

KIKO LOPEZ

Player Name: _____ Age: _____

Address: _____

HomePhone#: _____ Cell: _____

E-mail: _____

MEDICAL RELEASE & PARENTAL CONSENT FORM

I, as Parent/guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is enrolled in the Kiko's Dribbling Soccer School LTD (KDSS).

In Consideration of the acceptance of my child's/ward's entry into KDSS LTD, I hereby, for myself and my child/ward, our heirs, executors, administrators and personal representatives. Discharge, waive and release Kiko Lopez and KDSS LTD instructors and staff, their parents, agents and employees, and the owners of any facilities in which injury or death, which my child/ward or I may by virtue of or arising in connection with his/her participation in KDSS LTD. By executing this document I hereby assume in behalf of my child/ward, all risk of injury or loss to which he/she may be exposed.

I acknowledge that I have read and fully understand this Medical Release and Parental Consent Form.

Name of Parent or Guardian – PLEASE PRINT

Signature of Parent or Guardian
DATE

**** Please return the form with check to: Kiko's Dribbling LTD
or give to Kiko in person no later than 32671 Admirals Way
the first class. Avon Lake, OH 44012**

Any questions call (440) 930-7998 or e-mail me: e10lopez@wowway.com
Or call his cell at:440-506-4843
Attention: PLEASE READ

1. Every student should bring his/her own water bottle.
2. No Student should be running in the premise of the building before or after the class.
3. No one is allowed to use the equipments of the gym unless is your own class.
4. Parents/Coaches. Are not allowed inside the court to watch the players.
5. **Make up classes are to be done within the session that you paid for only, there is no reimbursement for not making up the classes.**

I sincerely appreciate your support and look forward to teaching your child.

Kiko Lopez-- Director