



# Cleveland Select Soccer club

9945 Bainbridge Road, Auburn, Ohio, 44023

Tel. 216.926.3769

www.clevelandselect.com :: dani@clevelandselect.com



## Cleveland Select Finishing Class, Mini Lyons, Fitness Class, Goalie Class Indoor Session 1 and 2 Registration

### Finishing Class, Mini Lyons, Fitness Class

#### Session 1

9 Dates on Tuesdays - Oct. 30 | Nov. 6, 13, 20, 27 | Dec. 4, 11, 18 | Jan. 8  
Tuesday - Field 2 (Field with no Boards)

#### Session 2

9 Dates on Tuesday - Jan. 15, 22, 29 | Feb. 5, 12, 19, 26 | March 5, 12  
Tuesday - Field 2 (Field with no Boards)

#### Times

5:00pm to 6:00pm

#### Location

#### **MULTIPLEX**

8909 South Miles Rd, Warrensville Hts., OH 44128

### Goalie Class

#### Session 1

Monday Dates - Nov. 12, 19, 26 | Dec. 3, 10, 17

#### Session 2

Monday Dates - Jan 7, 14, 21, 28 | Feb. 4, 12

#### Times

6:30pm to 8:00pm

#### Location

#### **Hawken Upper School**

Red Gym - 12734 County Line Rd, Gates Mills, OH 44026

#### Price

**100\$ per session - payable to Cleveland Select (class size limited - first come first serve)**

#### Bring

**Inflated Soccer Ball, cleats, water**

CLASS:  Mini Lyons     Finishing Class     Fitness Class     Goalie Class

NAME OF PARENT: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

BIRTHDATE OF CHILD DOB: Mo \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_

SEX OF CHILD: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

EMAIL ADDRESS (**PLEASE PRINT**): \_\_\_\_\_

Legal Notice: I hereby agree that the Cleveland Select and/or Dani Giulvezan and any Soccer Facilities that will be used, shall not be liable for any injury or loss, which my child (run) may sustain while participating in this soccer clinic. I also, hereby, agree to indemnify and to hold harmless the Cleveland Select and/or Dani Giulvezan or Hawken Upper School from any claim whatsoever! The above applicant is in good health and has my permission to participate in this program. In case of emergency, I grant permission for my child (ran) to receive emergency treatment at Hillcrest Hospital.

SIGNATURE: \_\_\_\_\_

Please mail your registration, and the fee, to the following address:

Cleveland Select Soccer Club

**Club Mailing Address: 9945 Bainbridge Road, Auburn, Ohio, 44023**

(Please make checks payable to **Cleveland Select**)

Any questions please contact - dani@clevelandselect.com or call **216.926.3769**.

