M.I.G. Soccer

Winter Indoor Training 2024-2025 at Odyssey Charter School (Gym)

MONDAY DATES: 12/2, 12/9, 12/16, 1/6/25, 1/13, (off MLK Day), 1/27, 2/3, 2/10

Session One ("M1") Time: 6:00 – 7:30 pm (8 Sessions) Ages: U8 – U10 (Boys and Girls) Session Two ("M2") Time: 7:30 – 9:00 pm (8 Sessions) Ages: U14 and Up (Boys and Girls)

WEDNESDAY DATES: 12/4, 12/11, 12/18, 1/8/25, 1/15, 1/22, 1/29, 2/5

Session One ("**W1**") Time: 6:00 - 7:30 pm (8 Sessions) Ages: U11 – U13 (Boys and Girls) Session Two ("**W2**") Time: 7:30 - 9:00 pm (8 Sessions) Ages: U14 and Up (Boys and Girls)

Cost: \$240.00 per player

COACH: MIKE KLEINERT

- United States Soccer Federation 'A' Licensed Coach
 - US Soccer Grassroots Coaching Education Instructor
 - Former Professional Soccer Player for the Delaware Wizards
 - Former Delaware Youth Soccer Association State Technical Director
 - NSR College Scout

About the 8-week Program: Sessions are indoors on a gym floor. Flat shoes only. Players will be grouped according to age and ability level to create the appropriately challenging training environment. Intensive focus on skill development and decision making, addressed in small-sided games, helps sharpen skills in preparation for spring.

LOCATION: Odyssey Charter School, 4319 Lancaster Pike, Wilmington, DE, 19805

PLEASE NOTE: In the event of a school closing due to bad weather, there will be no session that evening, but there will be a make-up announced for the next available Monday or Wednesday.

QUESTIONS: Contact Mike Kleinert (302) 383-0776 or Mike@Migsoccer.com

or visit www.MIGSoccer.com THANK YOU! And I look forward to training with you.

Please print clearly to complete, sign, and return page 2 of this form with your check by: Monday, November 18, 2024

Please make check payable and mail with signed release to:

M.I.G. Soccer P.O. Box 5544

Wilmington, DE 19808

Space is limited.
Pre-registration is strongly
recommended however not
required. Registration is open until
classes are full. Please note:
Registration cannot be confirmed
until payment has been received.
Thank you.

| NAME: | AGF: |
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| | |
| STREET ADDRESS: | |
| CITY: | |
| STATE: ZIP: | |
| (Please indicate/ circle which session): N | И1 - M2 - W1 - W2 |
| PARENT NAME: | |
| CELL PHONE: | _ |
| E-MAIL: | |
| ALTERNATE PHONE #: | |
| THANK YOU! | |
| Waiver/ Release: | |
| I, the parent/guardian of the registrant, a mir by the rules of M.I.G. Soccer and its affiliated the possibility of physical injury associated w Soccer accepting the registrant for its soccer discharge and/ or otherwise indemnify M.I.G affiliates, organization and sponsors, either e- including the owners of the fields and facilitie claims by or on behalf of the registrants as a programs. | d organizations and sponsors. Recognizing with soccer and in consideration for M.I.G. r programs and activities, I hereby release, . Soccer, all board members, coaches, its employees and associated personnel, es used for the programs, against any |
| Parent/Guardian Signature: Date: | |