

Mequon United Soccer Club

Game on! Second Session—8 Wednesdays

Conquering Concepts with Celso

Faster Better Stronger

Do you want to improve performance, be quicker on your feet, faster to the ball than your opponent? Then join Marcelo Fontana **Wednesdays at Oriole Lane, 5:30-6:30pm**. In addition to increased performance in speed and agility on the field, Celso's sessions will help prevent injuries by increasing joint stability, flexibility, & strength along with teaching proper form & movement to improve overall body condition. \$90.

Hard work pays off!

What are the players saying?

This is hard. But oh so worth it.

Bring water!

Stretches are great!

Learning new stuff!

Feel great!

Getting better!

\$90. Bring checks to first day or mail checks to:

Mequon Soccer Club, 10936 N Port Washington Road, #114, Mequon, WI 53092



February & March 2012



Marcelo Fontana

**Second Session:
Eight Classes ,
Wednesdays**

**Feb 1,8,15,22,29, &
March 7,21,28, 2012**

Questions or comments? Email
cindy.ausman1990@gmail.com
or call 414.630.2929

REGISTRATION CONQUERING CONCEPTS WITH CELO

Second Session: Eight Classes, Wednesdays

Feb 1,8,15,22,29, 2012 March 7,21,28, 2012.

Oriole Lane Elementary School, 12850 North Oriole Lane, Mequon

Last Name _____ First Name _____

Date of Birth (MM/DD/YYYY) _____ Age _____ Male/Female

Address _____

City _____ Zip _____

Email _____

Mother _____

Phone _____ Cell _____

Father _____

Phone _____ Cell _____

Current Allergy and/or Medical Information

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities ("the programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, including Mequon Soccer Club Inc., its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for all programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorized.

As the parent/guardian of the above named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, the limb or well-being of my dependent.

Parent/guardian Name _____

Parent/guardian Signature _____

Date _____