

WILBERT MAXIMORE SOCCER CLINICS

Wilbert Maximore has been active in the Tulsa Soccer Program for many years as a coach and player. He has a real love for the game and works Great with all ages. He is one of the most skillful, positive, dedicated, and motivated coaches around. His passion and commitment for soccer is outstanding. He has coached soccer at the youth and adult levels. He is the Co-founder of Blitz United Soccer Club.

- * 1988 NSCAA National, USYSA Region III, and OSA State Coach of the Year for Boys
- * Over 30 Years of Coaching Soccer
- * Over 30 Years of Playing Soccer
- * Holds a Coaches' license
- * **Director of Coaching for Tulsa United and Blitz United Soccer Club**
- * Private Trainer for Soccer Players in GCSA area
- * **Director of Ahmeweh Development Program (ADP) indoor soccer** for U8 and U10 boys and girls in GCSA area

Phone Number

(918) 298-5976

Emergency # 695-0000

STAFF

**Robbie Mitchell, Dave Cosby,
and other Blitz United Coaches.**

CLINIC:

Emphasis on individual soccer skills development,
Stressing the fundamentals and challenging players to reach their highest potential.

COST:

\$100.00 per player per session.
Special discount cost on back page.
\$25.00 non-refundable deposit. *The balance is due before the clinic starts.*

LOCATION:

Alsuma Soccer Field at 51st Street and Mingo Road. Located on the northside of 51st Street near Mingo Road.

WHAT TO BRING:

Please bring water, ball, shoes and shin guards.
Make sure your name is on your ball.

SESSION: (10 Hours)

U6 – U9: May 26, 27, 28, 29, June 1

Time: 6:00 pm to 8:00 pm

U10 – U18: June 8, 9, 10, 11, 12 [Mornings]

Time: 9:00 am to 11:00 am

ADVANCE SESSION: (Prepare for tryout)

U10 – U18: June 8, 9, 10, 11, 12

Time: 6:00 pm to 8:00 pm

Soccer Clinic Hotline Number

(918) 481-2050 press 1

**We will use the Friday, Saturday & Sunday to
make-up rain-out days for each session.**

[Please Print]

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____

Male Female (circle one)

Parent/Guardian: _____

Phone: _____ Work: _____

Emergency Number: _____

Email: _____

T-shirt

YM YL AS AM AL AXL (circle one)

Medical Problems or Concerns: _____

RELEASE OF LIABILITY

NOW THEREFORE, participant does, and if participant is a minor, his parents, guardian or next friend does, hereby remise, release and forever discharge and agree to indemnify and hold forever harmless **Wilbert Maximore Soccer Clinic**, Wilbert Maximore, Robert Mitchell, Dave Cosby, Blitz United SC, Tulsa United Soccer Club, all instructors and coaches, their agents and servants, successors and assigns, heirs, executors and administrators of and from any liability associated with any and all claims, demands, rights or causes of action, now or in the future, of whatsoever kind or nature, arising from, or by reason of, any and all known or unknown, foreseen and unforeseen bodily or personal injuries, and the consequences thereof, which hereafter may be sustained by said participant while participating in any activity conducted by **Wilbert Maximore Soccer Clinic**, Wilbert Maximore, Robert Mitchell, Dave Cosby, all instructors and coaches.

I, _____, am the Participant's Parent(s), Legal Guardian, or next friend. I have read the above and foregoing **Release of Liability** and hereby release **Wilbert Maximore Soccer Clinic**, Wilbert Maximore, Robert Mitchell, Dave Cosby, Blitz United SC, Tulsa United Soccer Club, all instructors and coaches from any and all liability due to Player's participation in this clinic.

Signature: _____

Date: _____

[Please Print]

SESSION(S) ATTENDING:

#1 Clinic U6 - U9

Boy ___ Girl ___ Age: _____

May 26, 27, 28, 29, June 1 Time: 6 – 8:00 pm

#2 Clinic U10 - U18

Boy ___ Girl ___ Age: _____

June 8, 9, 10, 11, 12 Time: 9 – 11:00 am

#3 Advance Clinic U10 – U18

Boy ___ Girl ___ Age: _____

June 8, 9, 10, 11, 12 Time: 6 – 8:00 pm

TO REGISTER:

Send your completed registration form along with your non-refundable deposit or full payment and please make check payable to:

W. H. Maximore

Mail To:

W. H. Maximore

P. O. Box 701315

Tulsa, OK 74170-1315

Please cut and mail this part of the form today.



SPECIAL DISCOUNT COST:

For parents with more than one child attending or one child attending more than one session, the cost is \$90.00 per child or session. The registration forms must be send in together with payment **a week before the camp** for this to apply.

For Teams with 10 or more players attending, the cost is \$90.00 per player if all registration forms are send in together with payment **a week before the camp** for this to apply.

Please call if you have any question.
(918) 298-5976

Look for our Winter and Spring clinics.

*Everybody's Talking
About the Best Soccer
Clinic They Have Attended
At . . .*



. . . in Tulsa
SUMMER 2009