



9th Annual Westside Soccer Pancake Feed

Saturday, March 7, 2020

The Pancake Man

Westside High School Cafe, 8–11am

Pancake Feed is open to **everyone**.

\$10 Adults (\$6 Students)

Soccer Clinic on Westside Field

10:30am-12:00pm

(Main Gym if inclement weather -- bring flat shoes – no cleats in the Gym)

Clinic is for Girls & Boys Grades 3rd - 8th

Soccer drills, scrimmages & fun games run by the
WHS Varsity Soccer players. Please wear appropriate
soccer or athletic clothing.

\$20 for Clinic (includes shirt)

Sign up at the event.

(For school use) WHS Soccer Player Name _____ Team _____



9th Annual Westside Soccer Clinic & Pancake Man Breakfast

Saturday, March 7, 2020
(Breakfast 8-11am, Clinic 10:30am – 12:00pm)

Why: Sharpen skills for the Spring Season. **Clinic proceeds benefit Westside Soccer**
Who: The clinic is for girls & boys Grades 3rd - 8th run by the WHS Varsity players
Where: Westside Field. Please wear appropriate soccer, shin guards and athletic clothing.
If bad weather, clinic will be in Gym at WHS - bring flat shoes – no cleats in the Gym.

NAME	School	Grade	Clinic Cost: \$20 *Includes shirts
(If additional space needed write on back)			TOTAL

The Pancake Man in
Westside Cafe,
8am–11am on Sat.
March 7, 2020

Pay at the door
\$10/person for
breakfast,
\$6 students

Parent/Guardian Name: _____

Address: _____

Home phone #: _____ Cell Phone #: _____

Email address: _____

How did you hear about the Clinic? _____

Cash or Make Checks Payable to: Westside Soccer -- bring this form or sign up at event.

Contact Michelle at 402-490-2128 ,
mLcaffey@gmail.com if questions.

Parent/Guardian Permission and Releases must be signed in order to participate, available on site or via email

Parent/Guardian Permission to Participate in Clinic and Release:

I give permission to participate for my student(s), _____, in the 2020 Westside Soccer Clinic. I understand there are risks in any sporting activity/event, and by my signature below, I release Westside Community Schools and its employees of all liability. I understand that the school district does not provide medical insurance in the event my son/daughter is injured, and that medical and other costs in the event of any injury to, or caused by, my student will be my sole responsibility.

By signing below, I acknowledge that I have read and understand this Permission to Participate and Release, and that I am the participant's parent or legal guardian.

Signature of Parent/Guardian _____

Date _____

Parent/Guardian Photography/Media Release

I understand that in the course of my student's participation in the 2020 Soccer Clinic, my student may be photographed, and that such images may be used by Westside Community Schools for potential future use for publicity or promotion purposes.

Signature of Parent/Guardian _____

Date _____