



Office: 1423 Chase Ct. Carmel, IN 46032

Phone: (317) 580-5900

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www.indylilkickers.com



Summer 2009

Class Dates:

Starts June 1st

Ends August 4th

Location:

OUTDOORS at Habig Fields on Carey Rd.
between 151st and 161st.

OR

Off The Wall Sports in case of inclement
weather

Weather Hotline #: 340-9086

Cost:

10 Weeks for the price of 8

\$100

Mail, fax, or drop off payment &
form to the Lil Kickers main office.

Circle the class and time that you want to attend

Class	Monday	Tuesday
Bunnies 18-24 Months (Adult & Child)	9:00	
Thumpers 24-30 Months (Adult & Child)	9:00	
Cottontails 2 ½ - 3 ½ Years (Adult & Child)	10:00	
Hoppers 3 - 4 Year old Beginning	9:00 11:00	4:30
Jack Rabbits 3 - 4 Year old Intermediate	10:00	5:30
Micro League 4/5 4 - 5 Year old	11:00	4:30
Micro League 6/7 6 - 7 Year old		5:30

10 Digit Cell Phone Number* (___ ___) ___ ___ - ___ ___ (Optional)

*Register for text message schedule and weather updates.

Child's Name: _____ Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ Child's Date of Birth: _____ Gender: (Male/Female)

Email: _____

Credit Card Number: _____ Expiration Date: _____

(Master Card/Visa/Discover)

Unless another form of payment has been received, this credit card will automatically be charged. You must be paid in full to register.

Waiver of Liability: I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC. To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.

Signature of Parent/Guardian _____ Date _____