



1423 Chase Court, Carmel IN
317-580-5900 | manager@offthewallsports.net
www.indylkickers.com

Winter 2011

Class Day	Start	End	No Class
TUE	Dec. 6	March 6	Dec. 20 & 27
WED	Dec. 7	March 7	Dec. 21 & 28
THR	Dec. 8	March 8	Dec. 22 & 29
FRI	Dec. 9	March 9	Dec. 23 & 30
SAT	Dec. 10	March 10	Dec. 24 & 31

Lil' Kickers Membership: \$15/year Lil' Kickers Classes: \$150/12 weeks

PLEASE CIRCLE THE CLASS TIME YOU WOULD LIKE TO ATTEND

www.indylkickers.com	Tuesday	Wednesday	Thursday	Friday	Saturday
Bunnies (18-24 Months) Adult & Child	10:30a	9:30a	9:30a	9:30a	9:50a 10:00a
Thumpers (24-30 Months) Adult & Child	10:30a	9:30a	9:30a	9:30a	8:50a Full 10:00a 10:50a Full
Cottontails (2.5 - 3.5 Years) Adult & Child		10:30a 4:30p 5:30p	9:30a	10:30a	8:50a 9:00a Full 9:50a Full 10:00a Full 11:00a
Hoppers (3 - 4 Years) Beginners	9:30a 10:30a 11:30a	9:30a 10:30a 4:30p 5:30p	10:30a 12:30p 4:30p	9:30a 11:30a	8:50a 9:00a 9:50a Full 10:00a Full 10:50a Full 11:00a Full
Jack Rabbits (3-4 Years) Intermediate	11:30a 12:30p	11:30a 4:30p Full		11:30a	8:50a Full 9:00a Full 10:50a Full 11:00a Full
Big Feet (5-6 Years) Beginners		5:30p Full	12:30p 4:30p		9:50a Full 10:50a Full
Micro League (4 - 5 Years)	12:30p Full	11:30a 4:30p Full 5:30p	10:30a Full	12:30p Full	8:50a 9:00a Full 9:50a Full 10:50a Full 11:00a Full
Micro League (6-7 Years)		4:30p Full			8:50a 9:00a Full 10:50a Full
Micro League (8 - 9 Years)		5:30p			10:00a
Advanced Micro (5 - 6 Years) Prior Micro LK Required			5:30p		9:50a Full 10:50a Full
Advanced Micro (6 - 7 Years) Prior Micro LK Required			5:30p Full		11:00a

*Classes are subject to change based on availability & enrollment.

Child's Name: _____ Parent's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Child's Date of Birth: _____ Gender: (Male/Female)
Email: _____
Credit Card (Master Card/Visa/Disc.): _____ Expiration Date: _____

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 _____