



# Shawnee Mission West



## Lady Viking Soccer Clinic

**Girls' Soccer Clinic- put on by the SM West Varsity Lady Vikings Soccer team**

**For:** Future Lady Vikings, Grades 1<sup>st</sup>-8<sup>th</sup>

**When:** Friday, April 12th

**Time:** 6<sup>th</sup>-8<sup>th</sup> graders 5:00-6:30  
1<sup>st</sup>-5<sup>th</sup> graders 6:45-8:15

**Where:** SM West High School  
Turf Soccer/ Football field behind tennis courts- If outside  
SM West Wrestling Room-If inside (bring indoor shoes or running shoes)

**What to wear:** T-shirt, shorts, shinguards, socks, soccer cleats, and a ball

**Cost:** \$20

**This includes:** -The clinic  
-A clinic t-shirt  
-One free pass for a SM West Girls' Varsity Home Soccer Game

**Cash or checks accepted**

**Checks payable to: SMW Girls' Soccer**

Contact for questions: Coach Sarah Gonzalez  
[sarahgonzalez@smsd.org](mailto:sarahgonzalez@smsd.org) or (913) 486-5258

*Please remit this portion of form and a check made payable to SMW Girls' Soccer for the amount of \$20.*

**Participant Name** \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Youth T-shirt size \_\_\_\_\_ (Please label if you want adult)

Parent Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email \_\_\_\_\_

Any special health accommodations  
needed: \_\_\_\_\_

I \_\_\_\_\_, as a parent/ guardian, give my permission for my daughter to participate in the Shawnee Mission West Soccer Clinic. I agree to assume the responsibilities and risk in said participation and hereby release and discharge Shawnee Mission West of any and all claims and liability arising out of said participation.

Signature of Parent/ Guardian

date

Make checks payable to SMW Girls' Soccer

Send To: SM West Girls' Soccer

C/O Sarah Gonzalez

Shawnee Mission West High School

8800 W. 85<sup>th</sup> St. O.P. , KS 66212

*T-shirt sizes cannot be guaranteed unless this form and payment are received **by***

***Tuesday, April 2nd***