



LAZERS WINTER ACADEMY

LAZERS ACADEMY is an advanced recreational soccer program for boys and girls who want more than just rec. This program is offered to boys and girls with birth year 2010-15 this winter for 8 sessions. This is a great opportunity for kids to learn the game of soccer, increase their skills rapidly and have fun playing the game!!!

COST: \$80.00 Just fill out the Registration Form below and scan or take a picture and send to lazerssoccerclub118@gmail.com You can pay via Paypal at paypal.me/lazerssoccerclub or check. Checks sent to Lazers Soccer Club 1725 Tall Cane Cr, Willow Spring, NC 27592 REGISTRATION IS OPEN THROUGH November 2nd

Academy Dates are 11/6, 11/13, 11/20, 12/4, 12/11, 12/18, 1/8 and 1/15

Time: 1:30-2:30pm

LOCATION: Wake Christian Academy, 5500 Wake Academy Dr, Raleigh, NC 27603

No cleats required however, note that we will be outdoors. Each player will need a ball. If you have a question about this program, please contact Coach Cory @ 919.333.3486

ABOUT THE COACHES:

Cory Combs, Owner, Club Director and Head Coach of the 05 Boys, holds a National "D" license and has coached at FVAA, JUSA and Wake Christian Academy. He has been the Head Coach for the Wake Christian Middle School Boys and Girls soccer teams for 15 years as well as the Head Coach for the 05 Boys LSC team for 6 years.

Tyler Grissett, originally from England, is currently Head of Player Development and has coached the 06 Boys at LSC for 6 years. He coached the UNCP club team and played his collegiate soccer at UNC Pembroke. He is also a player and captain for the Lazers Soccer Club FFL Semi Pro team.

Gabe Alvarez, from Fuquay Varina, has played for the Lazers SC FFL Men's team and has been the LSC Goalkeeper coach for the past year.



LAZERS ACADEMY Registration Form

Complete Registration Form and Medical Waiver in entirety and scan or take a picture and send to lazerssoccerclub118@gmail.com .

First Name _____ Last Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Parents Email _____ Emergency Contact _____

Insurance Carrier &
Policy Number: _____

Medical Conditions: _____

LAZERS ACADEMY WAIVER RELEASE FORM

I hereby give permission for my child, to participate in Lazers Academy. I understand that there are risks involved with participation in youth soccer programs and hereby assume all responsibility for all risks and hazards incidental to this program and do so further release, absolve, indemnify and hold harmless Coach Cory Combs and all volunteers involved with this program.

Signature: _____

Printed Name: _____

Date: _____