

Children's

# uth Soccer Clinics



Our soccer programs introduce the fundamentals of the game. Allow your child to learn, have fun, and meet new friends!

## Mini Wees

For: Children ages 2 1/2 - 6

Day: every Wednesday for 6 weeks

Date: Sept 14- Oct 19

Time: 12:30- 1:15 p.m.

Children will be required to wear shin guards and tennis shoes/indoor soccer shoes. No cleats please.

We recommend that children wear black athletic shorts and bring a water bottle and a size 3 or 4 soccer ball with their name on it if they would like. On week one, every player will receive a t-shirt.

On week six, every player will receive a medal.

**Cost: \$50 for members \$65 for non-members**

**[PLEASE REGISTER AT WWW.THEARENA CLUB.COM](http://WWW.THEARENA CLUB.COM)**





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\_\_\_\_\_ AGE \_\_\_\_\_ BOY OR GIRL? \_\_\_\_\_

\_\_\_\_\_ S HE/SHE BEEN IN OUR PROGRAM B/F? \_\_\_\_\_

MOM\$ NAME \_\_\_\_\_ DAD\$ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ WK/CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

*\* Please note, siblings may not participate unless they are registered in the program*

**HEALTH INFORMATION:** ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD\$ SAFETY? CHECK ANY THAT APPLY AND GIVE MORE INFORMATION, PLEASE.

- |                                      |                               |
|--------------------------------------|-------------------------------|
| _____ GOOD GENERAL HEALTH            | _____ SEIZURE                 |
| _____ ALLERGY, FOOD OR OTHER         | _____ ASTHMA                  |
| _____ BEHAVIORAL ISSUE               | _____ DIABETES                |
| _____ MENTAL HEALTH CONDITION        | _____ PRESCRIPTION MEDICATION |
| _____ OTHER CHRONIC HEALTH CONDITION | _____ OTHER MEDICATION        |

EXPLANATION: \_\_\_\_\_

**PAYMENT INFORMATION:**

TYPE OF PAYMENT \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_ DATE PAID \_\_\_\_\_

CREDIT CARD TYPE \_\_\_\_\_ # \_\_\_\_\_ EXP \_\_\_\_\_

**I accept full responsibility for my child's use of any and all apparatus, facility privilege or service whatsoever owned and operated by this club at his/her own risk and shall hold this club, its shareholders, directors, offices, employees, representatives, and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by him/her resulting there from.**

PARENTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_