2017 FALL CO-ED SOCCER CLINIC

SATURDAYS ➔ 10:00am-11:00am
11:00am-12:00pm
(September 16th-October 28th, 2017)

REGISTRATION DEADLINE: September 9th, 2017
LOCATION: Secor Woods Park
Grade: Kindergarten (male & female)
FEE: $88 (RESIDENTS) $105 (NON-RESIDENTS)
For more information, please call Bob Kaczmarek: 693-8985 x.153 or e-mail:
rkaczmarek@greenburghny.com

Professional instruction by US Sports Institute Clinicians

This program will provide soccer instruction and a lot of fun!!! Soccer skills such as dribbling, passing, shooting, receiving and throw-ins are critical to good play. These, as well as many other skills, will be covered in this youth soccer clinic.

**Participants will be provided with a team shirt. Players are encouraged to wear cleats and required to provide a pair of shin guards to be worn at all sessions**

PLEASE COMPLETE THE REGISTRATION FORM ON THE BACK OF THIS SHEET
2017 Fall Soccer Clinic
Registration Form
(Please use one form per child)

Please circle one: 0312-0 for 10:00 a.m. Session 0312-1 for 11:00 a.m. Session

REGISTRATION DEADLINE: September 9th, 2017

Participant’s Name: _______________________________ DOB: ________________
Street Address: _______________________________ City: ___________________ Zip Code: __________
Sex: M / F (please circle) Parent/Guardian E-mail Address: ________________________________
(REQUIRED)
Phone: ________________________________

As a participant in the above program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand the Town of Greenburgh does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Greenburgh, the Parks and Recreation Department, its officers, agents and employees from any and all claims. I further verify that under penalty of perjury that my legal and permanent residence listed on this form is correct.

Print Name: __________________________________________________________________________
Signature: _______________________________ Date: __________________

Emergency Contact Name: ___________________________ Phone: __________________________

Please make checks payable to Greenburgh Parks and Recreation Registration Office
11 Olympic Lane
Ardsley, NY 10502

If you would prefer to pay by credit card please register online by visiting our website at www.greenburghny.com/parks then press the blue REGISTER NOW button and follow the prompts to complete the process.

Visit our website at www.greenburghny.com/parks for a list of frequently asked questions.

RAIN HOTLINES: 693-8985 ext.135 (write it down and save)