

# **Youth Soccer Clinics**

## **2008 - 2009**

### **Ages 5 - 7 yrs Old**



**Wednesday's 5:00-6:00**

**Saturday's 11:00-12:00**

**A1 September 10<sup>th</sup>**

**B1 September 13<sup>th</sup>**

**A2 November 5<sup>th</sup>**

**B2 November 8<sup>th</sup>**

**A3 January 21<sup>st</sup>**

**B3 January 24<sup>th</sup>**

**A4 March 25<sup>th</sup>**

**B4 March 28<sup>th</sup>**

#### **Equipment Needed**

Each participant must have sneakers, turf or indoor soccer shoes, athletic pants or shorts, long or short sleeve shirt, shinguards and a ball (size 3 for ages 4-5, size 4 for ages 6-11).

#### **This Program Emphasizes**

Individual skills, ball control, passing, heading, dribbling, and shooting. The curriculum will be adjusted for each age level. Clinics are designed for the beginner as well as the experienced player.

#### **Registration and Cost**

To register, cut and submit the form below with the registration fee of \$89 per player. Cost includes a clinic t-shirt. Make checks payable to: Syracuse Indoor Sports Center (or SISC) 4989 Hopkins Road, Liverpool, NY 13088.

For more information on our youth soccer leagues and clinics, please contact us at:

Phone: 315-451-1800

Email: [klperrigo7@aol.com](mailto:klperrigo7@aol.com)

Website: [www.siscinfo.com](http://www.siscinfo.com)

(Cut)

#### **Youth Soccer Clinic**

Please Circle One:    A1                    A2                    A3                    A4

B1                    B2                    B3                    B4

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**Parent/Guardian, Please sign the following release: I state that the above applicant is in good health and has my permission to participate in this program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All Information Must Be Filled\*\***