

Youth Soccer Clinics

2008 - 2009

Ages 8 - 10 yrs Old



Wednesday's 5:00-6:00

Saturday's 11:00-12:00

A1 September 10th

B1 September 13th

A2 November 5th

B2 November 8th

A3 January 21st

B3 January 24th

A4 March 25th

B4 March 28th

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

Website: 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****