Youth Soccer Clinics
2008 - 2009
Ages 3 ½ - 4 yrs Old

Wednesday's	5:00-5:45	Saturday's	11:00-11:45
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. Sessions will take place in the new foot skills room that was just constructed.

Registration and Cost

To register, cut and submit the form below with the registration fee of $69 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****