

# 2007-2008 YOUTH SOCCER CLINICS

## BOYS & GIRLS AGES 3 1/2 TO 12



**TWO HUGE SOCCER FIELDS**  
with Playfield Turf...  
*feels and plays like real grass!*



Session Level, Day & Time			Session Start Dates - 8 weeks each	
<b>Wednesday</b>	<b>Ages</b>	<b>Time</b>	<b>Fall I</b> October 3	<b>Spring</b> April 16
Mighty Kickers	3 1/2-5	5pm-6pm	<b>Fall II</b> December 5	<b>Summer I</b> (Day tba) June 17
Developmental I	5-7	5pm-6pm	<b>Winter</b> February 13	<b>Summer II</b> (Day tba) Aug. 19
<b>This program emphasizes:</b>				
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 soccer player.				
<b>Saturday</b>				
Mighty Kickers	3 1/2-5	9am-10am		
Developmental I	5-7	9am-10am		
Developmental II	7-9	10am-11am		
Mighty Strikers	9-12	10am-11am		
Equipment			Registration and cost	
Each participant must have sneakers, turf or indoor soccer shoes (flats), shorts, T-shirt, shinguards and a soccerball (size 3 ball for ages 3 1/2-6, size 4 ball for ages 6-11, and size 5 ball for ages 12 and over.)			To register, submit the attached form with the registration fee of \$89 per player. Cost includes a Clinic T-Shirt. Make checks payable to: <b>Syracuse Indoor Sports Center (or SISC)</b> 4989 Hopkins Rd., Liverpool, NY 13088.	

For more information on our youth soccer leagues or any of our other programs, please don't hesitate to call us at 451-1800. Email: [klperrigo7@aol.com](mailto:klperrigo7@aol.com) Website: [www.siscinfo.com](http://www.siscinfo.com)

### 2007-2008 SELECT YOUTH SOCCER CLINICS APPLICATION

Please check session:  Fall I Oct. 3  Fall II Dec. 5  Winter Feb. 13  Spring April 16  Summer I June 17  Summer II Aug. 19

Day: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

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

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

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

Parent/Legal 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 \_\_\_\_\_

*You may photocopy this form and distribute as you please*