

2007 SUMMER YOUTH SOCCER CLINICS

BOYS & GIRLS AGES 3 1/2 TO 7



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



Session Level, Day & Time			Session Dates - 8 Week Sessions	
<u>Wednesday</u>	<u>Ages</u>	<u>Time</u>	<u>Summer I</u>	Starts May 23
Mighty Kickers	3 1/2-5	5pm-6pm	<u>Summer II</u>	Starts July 25
Developmental I	5-7	5pm-6pm	About the program:	
			The focus of the summer clinic program is on fun and learning. The curriculum will be adjusted for individual abilities and levels.	
Equipment			Registration and cost	
Each participant must have sneakers, turf shoes 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: Syracuse Indoor Sports Center (or SISC) 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: siscmail@verizon.net Website: www.siscinfo.com

2007 SUMMER YOUTH SOCCER CLINICS APPLICATION

Please check session: Starts May 16 Starts July 26

Name _____ Date of Birth _____ Age _____

Parent or Guardian _____ Email _____

Street Address _____

City _____ State _____ Zip _____

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