SOCCER CLINICS FOR SKILL DEVELOPMENT

SOCCER SKILLS

Choose one of the nights this program is offered. Each of the sessions will include drills and instruction to improve your soccer skills. Small sided games will be played to reflect real game situations.

Location: **KENNEDY ELEMENTARY**
Instructor: Billerica Youth Soccer Volunteers
MIN/MAX: 8/20
*No Class: Feb 15-18 due to school vacation

Session	Age	Date	Day	Time	Fee
33650-A	10-14	1/25-4/11	M	6:00-9:00P	$15.00
33650-B	10-14	1/19-4/5	Tu	6:00-9:00P	$15.00
33650-C	10-14	1/20-4/6	W	6:00-9:00P	$15.00
33650-D	10-14	1/21-4/7	Th	6:00-9:00P	$15.00

REGISTRATION FORM : SOCCER SKILLS

(complete and return with any payments to: Billerica Recreation, 248 Boston Road, Billerica, MA 01862

Program: SOCCER SKILLS A ☐ B ☐ C ☐ D ☐

Participant's Name _____Birth Date:_____
Grade:_____

Address _____State_____Zip_____
_____

Telephone Number (H)_____(W)_____
_____

(cell) _____e-mail:_____
_____

Special instructions and/or information that an instructor needs to be aware of: _____
_____

_____
_____

This is to certify that _____has my permission to participate in the program indicated above being conducted by the Billerica Recreation Department or its agents. I hold harmless any member of the Recreation Department or its agents from any and all injuries that might be sustained by the participant during the program. Further, this verifies that the participant is up to date with his/her immunizations and is able to participate in all activities. In the event of injury, I grant permission to provide/acquire medical care or assistance. By registering for a program, I give Billerica Recreation permission to take and publish photos of me or my dependent participating.
Our pictures and our names may be used for promotional purposes. (note: if you do not wish

to be photographed,
you must include this request in writing along with this registration)

Signature of Adult/ Parent/Guardian _____Date_____
_____
Emergency Information: If we cannot reach you at the number listed above, please call:

Name _____Phone Number _____
_____