

YOUTH INSTRUCTIONAL SOCCER CLINIC FOR 4 YEAR OLDS

REGISTRATION DEADLINE: FRIDAY, AUGUST 9TH

Do you have a 4 year old that wants to play soccer just like big brother and sister? We are giving your child an opportunity to learn basic skills. Instructional soccer will teach dribbling drills, shooting, goal protection and more. Join us every Thursday for a month.

CLINIC: Thursday, August 15th - Thursday, September 5th

SESSIONS: 4

TIME: 6:00 PM - 6:45 PM

AGES: 4 Years Old

FEE: \$ 32; includes T-Shirt

Location: 12th and Boyd Soccer Complex

EVERYONE SHOULD PLAY!

NRC's scholarship program is available to those currently receiving **Free/Reduced School Lunches** or that have a current **KanCare Card**. Those who qualify for ESP will be able to participate in NRC's ESP Programs at a 50% reduced rate.



YOUTH INSTRUCTIONAL SOCCER CLINIC FOR 4 YEAR OLDS REGISTRATION FORM

RETURN TO: YOUTH SPORTS; NEWTON RECREATION COMMISSION; 415 N. POPLAR; NEWTON, KS 67114

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

IF YOU WOULD LIKE TO RECEIVE TEXT MESSAGES FOR NRC UPDATES AND CANCELLATIONS PLEASE PROVIDE YOUR CELL PHONE PROVIDER (DATA RATES MAY APPLY): _____

EMAIL: _____ BIRTHDATE: ____/____/____ AGE: _____ GENDER: **M** **F**

SHIRT SIZE: **YS YM YL AS AM** PARENT/GUARDIAN NAME: _____

WE HAVE STARTED A NEW CAMPAIGN FOR OUR SCHOLARSHIP FUNDS. WOULD YOU LIKE TO ADD A \$1 TO YOUR TOTAL TODAY? **Y** **N**

PARTICIPATION WAIVER

We, or I, as parent and/or legal guardians of the participant named above, hereby give consent for my minor child to participate in this program and all other activities incidental thereto, including practice, actual participation, being a spectator thereto, and any incidental travel connected with the activity. I further agree to assume full responsibility in case of any accidental injury incurred while participating in this activity.

The Newton Recreation Commission reserves the right to use photos of NRC participants for promotional purposes. If you have photos of you or your children participating in NRC activities and would like to share them for possible publication in future program guides please bring the photos by the NRC office.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

