

YOUTH INSTRUCTIONAL SOCCER CLINIC FOR 4 YEAR OLDS

REGISTRATION DEADLINE: FRIDAY, AUGUST 20TH

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 in September.

CLINIC BEGINS: Thursday, August 26th

SESSIONS: 4

TIME: 6:00 PM - 6:45 PM

AGES: 4 Years Old

FEE: \$ 26; 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



PARTICIPANT WAIVER:



Participant Name: _____

Activity: _____

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Newton Recreation Commission and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the NRC activities and facilities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NRC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility.

Parent Signature: _____ Date: _____