

Childrens

U4/U6 Coed Soccer



Our soccer programs introduce the fundamentals of the game. Allow your child to learn, have fun, and meet new friends!

Soccer will be held at the Academy location. Registration opens Dec 1st.

Under 4

For: Children ages 2 1/2 –3

Day: every Saturday for 6 weeks

Date: Jan 5th-Feb 9th

Time: 4 p.m.

*This is not a league format

Under 6

For: Children ages 4-5

Day: every Saturday for 6 weeks

Date: Jan 5th-Feb 9th

Time: 5 and 6 p.m.

*This is a league format

Children will be required to wear shin guards (for league format) and tennis shoes/indoor soccer shoes. No cleats! We recommend that children wear black athletic shorts and bring a water bottle and a size 3 or 4 soccer ball with their name on it if they would like. On week one, every player will receive a t-shirt.

On week six, every player will receive a medal. Early bird registration ends December 29th. After this date a \$10 registration fee will be added to the price listed below.

Cost: \$60 for members

\$75 for non-members



CHILD'S NAME _____ AGE _____ BOY OR GIRL? _____

WHAT CLINIC/LEAGUE ARE YOU REGISTERING FOR? U4 U6

IS HE/SHE A MEMBER? _____ HAS HE/SHE BEEN IN OUR PROGRAM B/F? _____

MOM'S NAME _____ DAD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (H) _____ WK/CELL _____

EMAIL ADDRESS _____

IS THERE A SPECIFIC PLAYER YOU WANT TO PLAY WITH? _____

Soccer will be held at the Academy location: 3036 Churchville Road; next to artc circle

HEALTH INFORMATION: ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'S SAFETY? CHECK ANY THAT APPLY AND GIVE MORE INFORMATION, PLEASE.

_____ GOOD GENERAL HEALTH

_____ SEIZURE

_____ ALLERGY, FOOD OR OTHER

_____ ASTHMA

_____ BEHAVIORAL ISSUE

_____ DIABETES

_____ MENTAL HEALTH CONDITION

_____ PRESCRIPTION MEDICATION

_____ OTHER CHRONIC HEALTH CONDITION

_____ OTHER MEDICATION

EXPLANATION: _____

PAYMENT INFORMATION:

TYPE OF PAYMENT _____ TOTAL AMOUNT _____ DATE PAID _____

CREDIT CARD TYPE _____ # _____ EXP _____

I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees and agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

PARENTS SIGNATURE _____ DATE _____