

Mini-Starz Daytime Soccer

September - December 2014 sessions



Mini-Starz soccer clinics are designed to introduce the fundamentals of the game with a primary focus of fun and learning.

Clinic Location: The Arena Club
2304 Churchville Road
Bel Air, MD 21015



Mini-Starz Daytime Soccer

For: Children ages 2 1/2 to 6 years old
Day: Every Tuesday for 5 weeks
Times: 12:00pm - 12:45pm
12:50pm - 1:35pm
1:45pm - 2:30pm

Fall 2014 Session Dates:

(separate registration & fee for each)

- ♦ **Sept 2 - Sept 30** (Tuesdays)
- ♦ **Oct 7 - Nov 4** (Tuesdays)
- ♦ **Nov 18 - Dec 16** (Tuesdays)

Children will be required to wear tennis shoes/indoor soccer shoes (no cleats) and athletic shorts. We recommend that you bring a water bottle and a size 3 or 4 soccer ball (with their name on it). On week one, every player will receive a t-shirt.

Cost: \$50 for members \$65 for non-members

410-734-7300

www.thearenaclub.com



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ DATE(S) OF PROGRAM: _____

PARTICIPANT'S NAME: _____ MEMBER: **Y** **N**

AGE: _____ DOB: ____/____/____ GENDER: **Male** **Female**

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL # _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) 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 or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: _____ CHECK _____ CASH _____ CREDIT CARD (Visa & MC accepted)

VISA / MC # _____ EXP: _____

AMOUNT PAID: _____ DATE PAID: _____

Staple Receipt Here
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