

# **U4 / U6 / U8 Coed Soccer Clinics**

## **September - December 2014 Sessions**



Our focus is to introduce the fundamentals of the game through organized drills taught by great instructors. Each child will have fun and learn quality soccer skills.

### **Fall 2014 Sessions** (separate registration and fee for each session):

- **September 13 - October 11** (5 Saturdays)
- **October 18 - November 15** (5 Saturdays)
- **November 22 - December 20** (5 Saturdays)

**Clinic Location:**      **Arena Club Sports Academy**  
**3036 Churchville Road**  
**Churchville, MD 21028**

#### **Under 4 Soccer Clinic**

**For:** Children ages 2 1/2 - 3  
**Time:** 9:00am - 9:50am  
**Day:** Every Sat for 5 weeks  
**Dates:** 3 sessions listed above

#### **Under 6 Soccer Clinic**

**For:** Children ages 4 or 5  
**Time:** 10:00am - 10:50am  
**Day:** Every Sat for 5 weeks  
**Dates:** 3 sessions listed above

#### **Under 8 Soccer Clinic**

**For:** Children ages 6 or 7  
**Time:** 11:00am - 11:50am  
**Day:** Every Sat for 5 weeks  
**Dates:** 3 sessions listed above

Children should wear shin guards and tennis shoes/indoor soccer shoes (no cleats) and athletic shorts. Also, each child should bring a water bottle and a size 3 or 4 soccer ball with their name on it. Each participant will receive a t-shirt on the first week.

**Cost Per Session:**      **\$60 for members**      **\$79 for non-members**

**410-734-7300**

**[www.thearenaclub.com](http://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  
↑