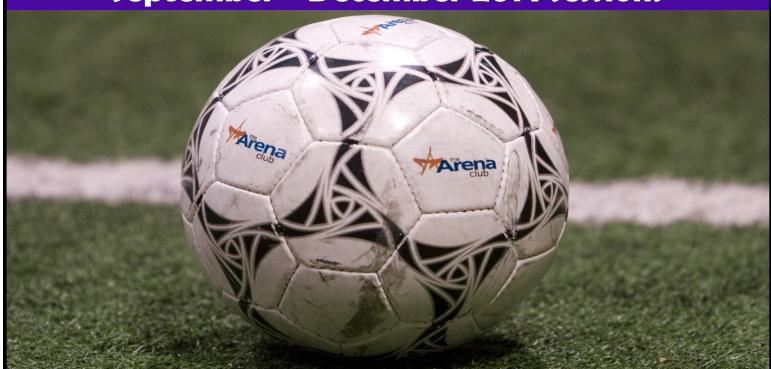
## Mini-Starz Daytime Soccer

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:

Arena

(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

Athletics Adult And Youth / Youth Soccer



## **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 participar	nt is under 18):						
STREET ADDRESS:							
CITY:			STATE:	ZIP:	:		
HOME #:			CELL #:				
EMAIL:							
EMERGENCY CONTACT:				CELL #			
but not limited to exercise classes, cardi Health & Fitness Club, Inc., its officers, of property, or theft thereof, while I am at employees or agents. I understand that that all images (photographic and video	lio, strength equipme directors, employees t the Harford Health & t I must be a current r b) taken can be used i	ent, pools, fiel s and shareho & Fitness Clul member in go in future mar	eld activities) shall be olders, from any claim ub, including claims ar good standing at the trketing.	m for any injury to me perso rising from negligence of Ha	ole risk. I release onally, damage to arford Health & F nember discount.	Harford my personal itness Club	
Signature / Parent or Legal Guardian m	ust sign if participant	t is under 18			Date		
PAYMENT INFORMATION	N:						
TYPE OF PAYMENT:	CHECK	C <i>i</i>	CASH C	CREDIT CARD (Visa &	، MC accepte	:d)	
VISA / MC #				EXP:			
AMOUNT PAID:		DA <sup>-</sup>	TE PAID:				
					<b>←</b>	Staple Receipt Hei	