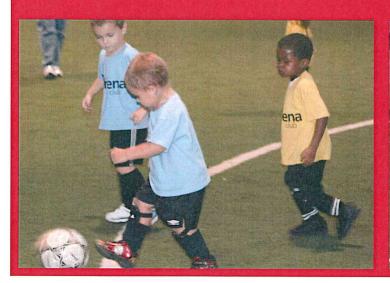
Children's

Daytime Youth Soccer Clinics





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

Mini Wees

For: Children ages 2 1/2 –6

Day: every Tuesday for 6 weeks

Date: Sept 17-Oct 22

Time: 12:30—1:15 p.m. or 1:30-2:15 p.m.

Children are recommended to wear shin guards and tennis shoes/indoor soccer shoes. No cleats please. 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. Registration starts July 1st.

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

PLEASE REGISTER AT WWW.THEARENACLUB.COM



CHILD'S NAME	AGE BOY OR GIRL?
IS HE/SHE A MEMBER? HAS HE/SHE BEEN IN OUR PROGRAM B/F?	
MOM'S NAME	DAD'S NAME
ADDRESS	
PHONE (H)	
EMAIL ADDRESS	
* Please note, siblings may not participate unless they are registered in the program	
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 PAYMENTTOTAL AN	MOUNTDATE 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 Clun, Inc., it 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