

Starz Soccer Academy

U4 / U6 / U8 Coed Soccer Clinic



Starz Soccer Academy clinics are designed to introduce the fundamentals of the game with a primary focus of fun and learning.

Session Dates: Saturdays March 29, 2014 - May 10, 2014
**No class on April 19th (Easter weekend)*

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

Under 4 Soccer Clinic

For: Children ages 2 1/2 –3
Day: Every Sat for 6 weeks
Dates: 3/29/14 - 5/10/14
Time: 12:00pm—12:55pm

**No class on 4/19/14*

Under 6 Soccer Clinic

For: Children ages 4 or 5
Day: Every Sat for 6 weeks
Dates: 3/29/14 - 5/10/14
Time: 1:00pm—1:55pm

**No class on 4/19/14*

Under 8 Soccer Clinic

For: Children ages 6 or 7
Day: Every Sat for 6 weeks
Dates: 3/29/14 - 5/10/14
Time: 2:00pm - 2:55pm

**No class on 4/19/14*

Children will be required to wear shin guards and tennis shoes/indoor soccer shoes (no cleats). We recommend that children wear athletic shorts and 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: \$60 for members \$75 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:** ____/____/____ **MALE or 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) 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 or 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.

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

Date

PAYMENT: **TYPE:** _____ **TOTAL AMOUNT:** _____ **DATE PAID:** _____

VISA / MC # _____ **EXP:** _____

FOR OFFICE USE ONLY:

Staple Receipt Here

