

Registration deadline May 21

Stagg H.S. Youth Soccer Clinic



DATE: Tuesday, June 8th, 2010
TIME: 9:00 a.m.-11:30 a.m.
WHERE: Stagg H.S. South Soccer Complex
WHO: 7-12 year olds within Stagg community
COST: FREE



E-mail chargerpridesoccer@gmail.com or call (708) 974-7789 with any questions

Free Charger Soccer t-shirt for all participants!



What to Expect:

This 2 1/2-hour youth soccer clinic is intended to provide our community's youth soccer players with an opportunity to practice and play soccer while learning the basic fundamentals of the game in a fun atmosphere free of charge. The clinic will consist of the Stagg Soccer and Inter FC coaching staff.

What to Bring: All participants are encouraged to bring water and a snack to the clinic. In addition, each participant will need soccer socks, shin guards and soccer cleats/shoes. Soccer balls will be provided.

How to Register: Return the below registration form to the Cashier's Office at Stagg H.S. OR mail the order form to:



Stagg H.S. Youth Soccer Clinic
 Stagg H.S.
 8015 W. 111th Street
 Palos Hills, IL 60465

Agenda

- 8:30-9:00 a.m. Check-in
- 9:00-9:20 a.m. Charger Soccer Dynamic Warm Up
- 9:20-9:45 a.m. Ball Fitness
- 9:45-10:20 a.m. Circle Passing/Receiving
- 10:20-10:45 a.m. Quick-Slow-Sideways-Low/ Defending Principles
- 10:45-11:15 a.m. Small-sided games
- 11:15-11:30 a.m. Closing Team Talk

TEAR HERE

REGISTRATION

Student Name _____
 Address _____
 Age _____ Youth T-Shirt Size S M L XL Circle One
 School you will be attending in the fall: _____

Grade entering in the fall: _____
 Time 9:00 - 11:30 AM
 (To sign up for additional programs, you must fill out a separate registration form for each. Additional forms are available at the bookstore.)

INSURANCE WAIVER

I am aware that the financial responsibility and all injuries in which a student may be involved through participation of school sponsored sports activities must be borne by me, the parent(s) or legal guardian(s) of the child, either out-of-pocket or any private medical and hospitalization insurance which I have covering injuries to my child. I accept this responsibility

↓ PARENT OR GUARDIAN SIGNATURE ↓

Telephone Number _____