



School: _____
Soccer Enrichment Program
Registration Form Spring 2010

Office:
5810 Kingstowne Center Drive
Suite 120
Kingstowne, VA 22314

Email:
soccer@kinderkickit.com

Telephone:
703-623-9365

Website
<http://www.kinderkickit.com>
<http://www.soccerclubmanagement.org>
<http://www.touchandtechniquesoccer.com>

Date and time of KinderKickIt program

Starts: _____
Finishes: _____
Time: _____
Rain date: _____

Type of program
Dolphins (age 3 -7) 30 minute sessions

Length of program
6-week program

Cost of program
\$80 per child
All kids will receive a free T-shirt

KinderKickIt™ Program
Dolphins (age 3-7) Girls and Boys
The perfect introduction to the game of soccer. Emphasis is placed on creating an environment that is FUN and conducive to learning. Budding young players will be inspired and motivated to play the world's greatest game. Kids will learn the basics of control, turning, shielding, dribbling passing and shooting through FUN orientated games. The curriculum is based on using animals, shapes and cartoon characters which allows the players to use their imagination while having the time of their life!
Maximum number of kids per coach: 15 kids

APPLICATION FORM: Please complete all of the information required and return to:

SCHOOL _____

Child's Name: _____ Birth Date: ____ / ____ / ____ Gender: Male/Female
(circle one)

Parent/Guardian Name: _____ Tel #: _____

Address: _____

Email Address: (PLEASE PRINT) _____

Program name: _____ T shirt Size: YS YM YL YXL (circle one)

Amount: **\$80.00** Check payable to: **"SOCCER CLUB MANAGEMENT, LLC"**

Parent or Responsible Adult Statement:
I certify that my child is medically qualified to attend the KinderKickIt Soccer Program. I hereby authorize the staff of Soccer Club Management, LLC to act for me according to their best judgment in any emergency requiring medical attention. I give permission for a physician and / or hospital emergency room to administer necessary care. I agree that Soccer Club Management, LLC instructors, volunteers and chaperones will not be held responsible for any accident or losses, however caused, and agree to release all parties involved from any claim of damages that may arise as a result of or by reason of such loss or accident. I am of the understanding that every reasonable precaution will be taken to ensure the safety of the above named participant. Please inform us if there is any medical or special needs that your child requires. If I am an Adult participant, I hereby agree to the above statement.

Signature of Parent: _____ **Date:** _____