



CHRISOBI SOCCER ACADEMY



DEVELOPMENTAL SOCCER CLINICS-FALL 2010

Sponsored by the Town of Southeast Recreation Department

Program	Age	Days/Dates	Time	Cost	Info/Contact
Little Feet	4-5yrs	Mondays: Starts Sept 13th	5 – 6pm	\$165/9 weeks	Please register early! <u>16 Players maximum!!!!</u> <u>Location: Brewster Sports Center</u>
		Saturdays: Starts Sept 11th	10-11 am	\$165/9 weeks	
Young Kickers	6-8yrs	Mondays: Starts Sept 13th	5 – 6pm	\$165/9 weeks	<u>Payment also available online.</u> <u>16 Players maximum!!!!</u> Email: Chris@chrisobiacademy.com
		Saturdays: Starts Sept 11th	11-12pm	\$165/9 weeks	
Junior Kickers	9-12yrs	Saturdays Starts Sept 11th	9 – 10am	\$165/9 weeks	<u>16 Players maximum!!!!</u> Phone: 845-282-0334
Adult Clinic Fun Soccer!!	Co-ed ~ open to all	Fall 2010 Fridays: Starts Sept 10th	7pm or 8pm	\$170/10 weeks	Please register early! <u>16 players maximum</u>

- **WAYS TO REGISTER:** You can also pick & drop registration off at Town office: 140 Pumphouse road Brewster NY. ****Make CLINICS checks payable to Town of Southeast******
- Pick up and drop registration off at Brewster Sports Center.
- Register and pay online @ www.chrisobiacademy.com

Contacts: **CSA Phone: 845-282-0334. Town of Southeast Phone: 845-279-3915**

Please circle program desired: **Little Feet** - **Young Kickers** - **Junior Kickers** – **Adult Clinic**

Program: _____ Circle - **Mon-Sat.** _____ Circle: Male /Female
 Name: _____ Phone #: _____
 Address: _____ City: _____ Zip _____
 Parent / Guardian#: _____ Cell #: _____
 School: _____ Grade (presently in): _____ Age: _____ DOB: _____
 Fee: _____ Cash: Check: -Please read CAREFULLY for check payments info per program (see above)
 Emergency Contact: _____ Phone #: _____
EMAIL ADDRESS: _____

_____ has my permission to participate in the CSA / Southeast Recreation Program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do here by waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of n injury to my child. I also understand that it is my responsibility to notify the coach of any medical/physical condition that could limit adult and child's participation or that requires special attention.

SIGNATURE: _____