



SPRING ACADEMY SOCCER TRAINING

In-house soccer for 4K-K

Attention families of boys and girls who are currently in 4K and Kindergarten. You are invited to register for our intro to soccer program. The focus is on providing a fun environment that includes camp style skill development and small sided in-house league games. Small sided games allow players to have the most contact with the ball and best opportunity to develop their skills. Players are required to wear shin guards and cleats at each session. Fee includes team t-shirt that kids are asked to wear to each practice. An end of season Jamboree is tentatively scheduled for Friday, May 16th in Holmen. Jamboree times are TBD.

Volunteer coaches are needed. Coaches will supervise drill stations under the direction of our site supervisor.

Dates: April 14, 16, 21, 23, 28, 30 May 5, 7, 12, 14, (Mon / Wed); Friday, May 16
Times: Practice: 5:00-6:00pm; Jamboree: TBD
Grades: Currently enrolled in 4K and Kindergarten
Site: Greene Park (675 Daffodil Street, West Salem)
Fees: \$50 Village Res. / \$55 School District Res. / \$60 Out of District
Reg. Max: 70 Participants - Register early!

Registration is NOT
 GUARANTEED once program
 is full or after
 March 28
 Registration will be taken on a
 first come, first served basis!

REGISTRATION OPTIONS

1: ONLINE AT: <https://apm.activecommunities.com/westsalemparksandrec/Home>
 OR

COMPLETE REGISTRATION FORM BELOW & RETURN WITH PAYMENT

2: IN-PERSON at 175 S. Leonard St. 3: MAIL TO: WEST SALEM PARK & REC. DEPT. 175 S. Leonard St., West Salem, WI 54669 4: DROP OFF: 24 HOUR DROP BOX Located next to our building entrance off of Leonard St.

Participant Name: _____ Birth date: _____ Age: _____

Address: _____ School Attending: _____

School Attending: _____ Current Grade: _____ Sex: _____

Participant resides with whom: _____ Home Phone: _____

Email Address: _____

Fee Included: \$50 Village Resident / \$55 School District Resident / \$60 Out of District Resident

Coaching: Yes! I'm interested in helping coach. Parent name & email _____

Medical Concerns/Limitations: _____

Mother's Name: _____ Birth date: _____ Cell #: _____

Father's Name: _____ Birth date: _____ Cell #: _____

Emergency Contact Name (non-parent/guardian): _____

Emergency Contact Relation: _____ Emergency Contact Phone: _____

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Waiver of Liability and Disclaimer

I the undersigned parent / guardian of the above named individual hereby give him/her permission to participate in the above marked activities, exclude the sponsoring agency and all volunteer workers from liability in the event of an accident or injury from participation under normal circumstances.

Parent/Guardian Signature _____ Date _____