

SUMMER KICKS '06 ***** SUMMER KICKS '06

PLAYER INFORMATION:

Player's Name _____ Age as of JUNE 1, 2006: _____

Address _____ Sex: **M** **F** Date of Birth _____
(CIRCLE)

City _____ Zip _____

Did player participate in the Spring 2006 program ? YES NO

Is player registered for Fall 2006 ? YES NO

Parents Names: _____ Phone _____

STSA SUMMER KICKS

This program is designed to give the child about 15-30 minutes of instructional time with the Soccer Pro, then the group will be broken up into smaller soccer teams to play 'make-up' games for the remaining time. There will be no standings, official scorekeeping, referees, or permanent teams **THIS IS A FUN, NO PRESSURE PROGRAM**. In certain situations girls and boys (in same age brackets) will comprise a 'make-up' team. The sessions run for four weeks. Soccer sessions are from Monday thru Thursday at the STSA Complex. Soccer sessions have limited space available so sign up early. Dates of play TBA. Players may attend all sessions or ones of their choosing.

Scheduled times are: 10 am – 11 am for 4-7 year olds 11am – 12:30 pm for 8-10 year olds 1:00 pm – 2:30 pm for 11-14 year olds

WAIVER:

_____ has my permission to play competitive soccer in the Saginaw Township Soccer Association. In consideration of your accepting my child into the Saginaw Township Soccer Association, Inc., I relinquish the Association, its agents and assigns, from all potential rights and damage claims for injuries which may occur to said child as the result of sustaining bodily injury while participating in the program.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

FEES: Fees cover Club Pro, field & grounds upkeep, equipment expenses.

One Player = **\$48.00** fee to cover entire 4 week session, with unlimited attendance.

If player has **not** been previously registered for Spring 05' or Fall 05' a one time fee of **\$8.50** MUST be ADDED to cover the cost of MSYSA insurance.

Jerseys are not required, but shin guards and soccer shoes are.

ONE TIME FEES PAID: \$ _____

Additional \$8.50 Insurance: _____

Total Paid \$ _____

CHECK NUMBER: _____ DATE _____

Requirements for Participation: Program is for Boys and Girls aged 5 – 14.

MAIL form and check
or money order to:

STSA
PO BOX 6155
SAGINAW MI 48608

MAKE CHECK PAYABLE TO "STSA"
NO REFUNDS after June 30, 2005