

**CDA RECREATION DEPARTMENT  
2012 SPRING MINI KICKERS SOCCER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parents names: \_\_\_\_\_

Boy: \_\_\_\_\_ Age on April 7:

Girl: \_\_\_\_\_ 3 4

Shirt size: YXS YS YM



E-mail: \_\_\_\_\_

Do you currently receive emails from us regarding upcoming activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to be a group instructor for this activity? YES \_\_\_\_\_

Group instructors will handle groups of 10-12 through pre-set stations under the direction/training of Sting Soccer Club coordinator.

PRINT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rule of the Cd'A Rec. Dept., its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with SOCCER, I hereby release, discharge and/or indemnify the Cd'A Rec. Dept, its affiliated organizations, and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of participation in this activity.  
 CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine/dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

PARENT SIGNATURE: \_\_\_\_\_ FEE: \$30.00

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**MINI KICKERS SOCCER**

SESSION DATES: April 7 April 14 April 21 April 28 May 5  
 Program consists of 5 one hour sessions on Saturday mornings.

TIME: 10:00 - 11:00 AM LOCATION: WOODLAND MIDDLE SCHOOL

BRING: Size 3 soccer ball & water bottle. Shin guards & cleats are **not** required.



Parents are encouraged to participate with their children in this program. Training is facilitated by a lead instructor and parent volunteers.

Program will be visited by Sting and NIC players.

EACH PLAYER RECEIVES A T-SHIRT. Group Instructor