



# 2018 LIL' KICKERS SOCCER CLINIC

**Boys & Girls Ages 3, 4, and 5 (not yet in kindergarten)**

**Program Goals:** Building self-esteem, basic skills, respect, positive competition, and sportsmanship.

**Requirements:** This is a family oriented program requiring all children registered to have a parent or guardian present to participate with the child.

**Location:** #2 Park Dr, Roxana, IL 62084      The field to the right of the Roxana Pool.

**When:** Saturdays: September 15, 22 & October 6 & 13      We will not have classes on September 29th.

Session A      Saturdays      9:00-9:45      Class size 20\*

Session B      Saturdays      9:50-10:35      Class size 20\*

Session C      Saturdays      10:40-11:25      Class size 20\*

Session D      Saturdays      11:30-12:15      Class size 20\*

\*Classes are decided on a first come first serve basis

**Equipment:** All participants will receive a t-shirt with their name printed on the back.  
Shin guards are required.      Cleats are not required.

**Registration Deadline & Fee:**      September 7<sup>th</sup>, 2018      \$25.00 or class size of 20



Make checks payable to:  
WOOD RIVER RECREATION  
Wood River Round House  
633 N. Wood River Ave.  
Wood River, IL 62095

Make checks payable to:  
ROXANA RECREATION  
Rox-Arena, Roxana Park  
#2 Park Dr.  
Roxana, IL 62084



**2018 Fall Lil Kickers Soccer** Please indicate your Session Preference:    A\_\_\_ B\_\_\_ C\_\_\_ D\_\_\_

**T-Shirt Size:**    YXS(4-5)    YS(6-8)    YM(10-12)    YL(14-16)

**Name:** \_\_\_\_\_ **M / F**    **D.O.B.** \_\_\_/\_\_\_/\_\_\_    **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Medical Conditions?** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I, the undersigned parent or legal guardian of the above named minor, do agree to abide by the Parents Code of Ethics and hereby consent and agree that the above named minor may participate in the Bi-City Recreation program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteer, participant, employee, or officer of the Bi-City Recreation League, Roxana, or Wood River Recreation, the City of Wood River, and/or any other sponsor or party. The Bi-City recreation program reserves the right to use any pictures taken for publication.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Office Use Only:</b> <b>Date Paid:</b> _____ <b>Amount Paid \$</b> _____ <b>Received By</b> _____ <p style="text-align: center;"><b>!NO REFUNDS!</b></p>
---