



2019 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:	Session A	Saturdays Sept 28, Oct 5, 12, & 19	9:00-9:45	Class size 20*
	Session B	Saturdays Sept 28, Oct 5, 12, & 19	9:50-10:35	Class size 20*
	Session C	Sat Sept 28, Oct 12, & 19 @	10:40-11:25 Tues Oct 1 @	5:45-6:30 Class size 20*
	Session D	Sat Sept 28, Oct 12, & 19 @	11:30-12:15 Thur Oct 3 @	5:45-6:30 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 13th, 2019 \$25.00 or class size of 20

Registration: Participants may register either by mail or in person at one of the locations below:



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



2019 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: _____

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