

2023 LIL' KICKERS SOCCER CLINIC

Season: Fall

Boys & Girls Ages 3, 4, and 5

Program Goals: Building self-esteem, basic skills, respect, positive competition, and sportsmanship. **We partner with Elite Ft Fitness Training for this program. Elite FT will design the structure of the program and will provided experienced soccer instructors!**

Requirements: 3 year olds must be accompanied by a parent/guardian. 4 year olds parents have the option to enroll child in session that requires parent/guardian or session that does not require parent/guardian.

Location: Wood River Soccer Park, 2551 Rockhill Road, Wood River, IL 62095

When: Saturdays: Sep 9, 16, 23, 30, & Oct 7. This is a **FIVE** week program.



Session A	Saturdays	9:00-9:45	Ages 3-4, with parent
Session B	Saturdays	10:00-10:45	Ages 4-5, without parent
Session C	Saturdays	11:00-11:45	Ages 4-5, without parent



*maximum of 30 kids per session

Equipment: All participants will receive a t-shirt
Shin guards are required. Cleats are not required.

PARTNERING WITH
Wood River Parks & Recreation
&
Roxana Park District

Fee & Registration Deadline: \$50.00 August 31 or class size of 40



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

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



Please indicate your Session Preference: A _____ B _____ C _____ **2023 Fall Lil Kickers Soccer**

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 Tri-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 Tri-City Recreation League, Roxana, or Wood River Recreation, the City of Wood River, The Village of East Alton and/or any other sponsor or party. The Tri-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>
