

# 2024 LIL' KICKERS SOCCER CLINIC

Season: Spring 2024

Boys & Girls Ages 3-8 years old

**Program Goals:** Building self-esteem, basic skills, respect, positive competition, and sportsmanship. **Wood River and Roxana Recreation will partner with Elite Ft Fitness Training for this program. Elite FT will design the structure of the program and will provide 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: April 13, 20, 27 and May 4 & 11. 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 Pre-K, without parent  
Session C Saturdays 11:00-11:45 Kindergarten—2nd grade  
\*maximum of 40 kids per session

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



**Fee & Registration Deadline :** \$50.00 April 5th or class size of 40

Register In-Person at the Wood River Rec Center  
655 N. Wood River Ave. Wood River, IL 62095  
Mon-Fri: 6am-8pm, Sat: 6am-5pm or Sun: 10am-4pm

Scan  
QR Code



Register Online @ [wrparks.org/youth-programs](http://wrparks.org/youth-programs)

Please indicate your Session Preference: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ **2024 Spring Lil'Kickers Soccer**

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

**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, East Alton Recreation 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:** \_\_\_\_\_

**Tired of paper forms? [wrparks.org/youth-programs](http://wrparks.org/youth-programs)**

**Office Use Only:**

**Date Paid:** \_\_\_\_\_ **Amount Paid \$** \_\_\_\_\_ **Received By** \_\_\_\_\_

**!NO REFUNDS!**