

# Williamston Soccer Boosters present...

## Y5's/Kdg./1<sup>st</sup> Grade 2014 SPRING Soccer

Hey kids, come on out for some soccer fun! This program is for both boys and girls in Young 5's, Kindergarten and 1<sup>st</sup> Grade. Each session will include a short "practice" and then small-sided games.



**DATES/TIMES:** This program will meet 4 times, on Tuesday & Thursday evenings:

**Thur. 4/24, Tue. 4/29, Tue. 5/6, Thur. 5/8**

**Y5's / Kdg. / 1<sup>st</sup> Grade will all meet: 6:00 pm – 6:45 pm**

**Please arrive 5-10 min. early the first night.**

**Location:** Williamston HS Soccer Complex – near HS tennis courts

**Please note:** We try not to cancel and will play in cold, wind and light rain, but never in dangerous conditions. If a weather cancellation does occur we will do our best to notify you by email.

**Coaches:** The program will be lead by high school coaches and coached by high school soccer players.

**Equipment:** Water or sports drink, shin guards, soccer cleats (optional), size 3 or 4 ball (child's name on it), we have extra soccer balls if you don't have one. Layered clothing.

**Cost: \$25.00** - Make check payable to Williamston Soccer Boosters, or cash (exact change).

**Registration:** Registration forms and payment will be collected at the field the first night. To help us plan for numbers, **PLEASE pre-register** your child by emailing child's name, grade, parent name and phone to [williamston\\_soccer\\_club@yahoo.com](mailto:williamston_soccer_club@yahoo.com) - please type "K/1 soccer" in subject line.

**Questions:** Use above email, or call Martha on 517-281-4694 (after 5:00 pm please).

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**Please bring this completed form & payment to our first session on 4/24/14.**

Please **pre-register** by going to [williamston\\_soccer\\_club@yahoo.com](mailto:williamston_soccer_club@yahoo.com)

\*Email your child's name, grade, parent name, phone #.

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Include a check for **\$25.00** payable to **Williamston Soccer Boosters**, ck # \_\_\_\_\_

Does your child have any medical conditions we should know about: Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

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

I hereby waive any and all claims against the Williamston Soccer Boosters/Club, Williamston School District and all persons affiliated with this program. I understand that there are inherent dangers in playing this sport and I hereby agree to hold the Williamston Soccer Boosters/Club and all persons affiliated with it harmless from any liability whatsoever arising from activities in which the child named above participates.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_