

Seymour Soccer Association
2018 AFC WINTER SOCCER CLINICS



January 2018 – March 2018
(Jan. 6, 13, 27; Feb. 3, 10, 17, 24; Mar. 3)
Only \$65.00* per player!

*Parents: A \$7.00 insurance fee must be added for players *not* registered for SSA Fall soccer

8 Saturday Afternoon Sessions taught by **AFC Pros**

12:15 session: U9-U10 (players born in 2008 or 2009)

1:15 session: U11-U15 (players born in 2003 through 2007)

2:15 session U7-U8 (players born in 2010 or 2011)

3:15 session U5-U6 (players born in 2012 or 2013) – This session will end at 4:00

Seymour Middle School Gym

NOTE:
All sessions grouped according to age.

Visit www.seymoursoccer.org for more info

Registration Deadline – *Postmarked or delivered by DECEMBER 20*

Limited Enrollment: 20 players maximum per session - first come, first served!

Program Goals: Individual Attention/Foot Skills, First Touch & Receiving, 1 vs.1

Defending and Attacking (Moves), Combination Play, Passing, and Speed of Play and Thought.

SSA/AFC INDOOR SOCCER CLINICS

2018 Winter Soccer Registration Form

Name (Full name - no nicknames please): _____

Date of Birth: ____/____/____

Full Address: _____

Parent/Guardian Name: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Release: By signing below I hereby release SSA and AFC and the entire staff of SSA and AFC from any and all responsibility should injury occur. I also release the directors, operators, instructors, and all staff from any and all claims or damages that may arise. Furthermore, by signing I attest that I have medical insurance, which covers the above-named participant and/or that the above named participant is a registered player with SSA, or another CJSA recognized and sanctioned soccer club, and has access to medical insurance coverage.

NO REFUNDS will be honored once sessions begin due to significant pre-paid costs. Every effort will be made by SSA to reschedule sessions cancelled due to inclement weather. Inclement weather information will be posted on the SSA website.

Parent/Guardian Signature: _____ **Date:** _____

Mail Registrations to:

Seymour Soccer Association, P.O. Box 397, Seymour, CT 06483

Make checks payable to: **SSA**

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