

# Tri-City Soccer Camp

Deadline Monday August 31, 2020



## Clinic Divisions

K-2nd Grade: Tuesdays & Thursdays 5:30-6:15  
3rd-5th Grade: Tuesdays & Thursdays 6:30-7:15  
6th-8th Grade: Tuesdays & Thursdays 7:30-8:15  
Clinic will run for 2 weeks.



Each class size limited to only 50 participants.

**Program Goals:** Tri-City is offering a soccer clinic in lieu of a league this year, due to COVID. This soccer clinic is primarily devoted to the enjoyment and development of soccer players skills. The purpose of recreational soccer is to provide an opportunity for the participants to have fun, learn the sport and develop life skills including a lifelong love of the game.

**Instructors:** Jesse Daniels-EAWR High School Soccer Coach James Futrell-Roxana High School Soccer Coach

**Equipment:** Shin guards and cleats are required for all divisions. If you are in need of cleats check with your recreation center. Donations are frequently made to the rec center & there might be some cleats available for your child.

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

**Regular Registration Fee:** \$40 (fee includes a t-shirt & soccer ball)

**Register at:** Roxana Park, 2 Park Drive, Roxana, IL 62084  
Register online at [signupville.com/roxana](http://signupville.com/roxana) More information call (618) 254-7485

Circle t-shirt Youth Size: YS(6-8) YM(10-12) YL(14-16) Adult Size: AS AM AL AXL  
DIVISION \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
ANY MEDICAL CONDITIONS? \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

*I, the undersigned parent or legal guardian of the above named child, do agree to abide by the Parents Code of Ethics. I do hereby consent and agree that the above named minor may participate in the Tri-City Soccer or Wood River 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, Bi-City Recreation League, Wood River Recreation, the City of Wood River, and/or any other sponsor or party. Photos taken at event could be used for advertisement. If you do not want your child's photo posted please let the staff know.*

**X** Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:** DATE: \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ RECEIVED BY \_\_\_\_\_