



**TheSportsPlace.com / 845-358-GAME (4263)**

## **On Deck for Ages 2½ - 5** **Sensational Soccer**



**12-Weeks: \$299**  
**24-Weeks: \$499**



(Turn over for Schedule)

\$29 Registration Fee includes FREE Gift from TSP

### **Your child can expect...**

- A Relaxed and nurturing environment supervised by TSP coaches
- A Variety of fun, age-appropriate activities, including
  - Warm-up Exercises & Stretches
  - Ball Handling
  - Dribbling and Control
  - Kicking and Goaltending
  - Basic Defense
  - And more!
- To enhance age-appropriate motor and social development skills
- To have a great time!

**We encourage you to bring your child to as many classes as possible!**

Enrollment is valid for twelve (12) or twenty-four (24) weeks from the date of your child's first participation in the program.

# Schedule

Subject to Change

Monday 4:00 – 5:00 PM	Saturday 9:00 – 10:00 AM	Sunday 11:00 AM– 12:00 PM
--	9/18	--
--	9/25	--
--	10/2	--
10/4	10/9	10/10
10/11	10/16	10/17
10/18	10/23	10/24
10/25	10/30	--
11/1	11/6	11/7
11/8	11/13	11/14
11/15	11/20	11/21
11/22	--	11/28
11/29	12/4	12/5
12/6	12/11	12/12
12/13	12/18	12/19
12/20	--	--
12/27	--	--
--	1/8	1/9
1/10	1/15	1/16
1/17	1/22	1/23
1/24	1/29	1/30
1/31	2/5	2/6
2/7	2/12	2/13
2/14	2/19	2/20
2/21	2/26	2/27
2/28	3/5	3/6

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F

Adult's Name (s): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ **Classes Expire:** \_\_\_\_\_

Recognizing the possibility of physical injury associated with any organized play and in consideration for accepting the registrant for its program (the "Program"), I hereby release, discharge, and/or otherwise indemnify **THE SPORTS PLACE**, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. My child or ward has received a physical examination and has been found physically capable of participating in the Program. In the case of a medical emergency I hereby grant permission for my child/ward to receive medical treatment. I am aware of the policies and objectives of the Program and hereby authorize my child/ward to participate.

**X** \_\_\_\_\_ / / \_\_\_\_\_  
 Parent / Guardian Signature Date

**Registration fees are non-refundable. Printed on recycled paper.**