

2011 Summer Soccer Clinic
PORT CHESTER SOCCER CLUB AND THE RECREATION DEPARTMENT



AREAS OF INSTRUCTION:

---BALL CONTROL	---DRIBBLING	---PASSING	---SHOOTING	---JUGGLING
Receiving	All directions	Short	Stationary	
Tapping		Long	Moving	

IMPORTANT CLINIC FACTS:

DURATION OF PROGRAM: 11 sessions

WHEN: July 7, 2011 through August 11, 2011
Tuesdays and Thursdays 5:00p - 7:00p

AGES: Boys and Girls, ages 3-13

WHERE: Columbus Park, Port Chester, NY 10573

NO REGISTRATION DEADLINE

FEE: **FREE** - DONATIONS ARE WELCOME

STAFF: MEMBERS OF THE PORT CHESTER SOCCER CLUB,
WINSTON BUDDLE OF GOLDEN TOUCH SOCCER, FATHER OF
EDSON BUDDLE



SUGGESTED CLOTHING: Turf soccer shoes, shin guards, athletic socks, shorts
FREE: Shirts, soccer balls, water

SPONSOR: Al Collins & Port Chester Recreation Department
222 Grace Church Street
Port Chester, NY 10573
914-939-2354 (9:00a - 4:00p)

ABOUT THE CLINIC

The clinics purpose is to provide fundamental and advanced techniques of soccer with demonstrations under the best possible circumstances so good playing habits are established. It is also our hope that with this concentrated coaching group and/or individual, each student will have a better chance to achieve a place on the existing travel teams representing their school or a school of their choice. The importance of the intricate movements for ball control is stressed over and over. Our staff's coaching philosophy is to reinforce the basics to make a total soccer player.

For instructional purposes, students will be grouped according to ages and ability. Each group will be properly instructed in accordance with the needs and skills of each student.

HAVE FUN LEARNING THE WORLD'S MOST POPULAR SPORT!

2011 Soccer Clinic Registration Form

Complete and send to: Port Chester Recreation Department
222 Grace Church Street
Port Chester, NY 10573

CHILD'S NAME: _____
Last First Middle

CHILD'S DATE OF BIRTH: _____
Month Day Year

PARENT OR GUARDIAN'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONES: HOME _____ WORK: _____ CELL: _____

CHILD'S SCHOOL: _____ GRADE: _____

PREVIOUS SOCCER EXPERIENCE: _____

NAME OF TEAM OR LEAGUE: _____

T-SHIRT SIZE (CIRCLE ONE) S M L

NAME OF FAMILY DOCTOR: _____

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE: _____

DISCLAIMER:

I/We the parents/guardians of the above named candidate for a position in the Port Chester Youth Soccer Program, hereby give my/our approval for my/our child to participate in any and all league activities, I/We assume all risk and hazards for incidental to such participation, including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising from an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. Our son/daughter has been examined by a private or school physician and found to be in sound physical condition and has permission to participate in any activity of the league. I/We understand that the Port Chester Recreation Department nor the Port Chester Soccer Club do not provide accident insurance, in the event of an accident or illness, I give my permission for my child to receive medical treatment.

Parent or Guardian Signature and Date