

# Williamston Soccer Boosters and Soccer Club present...

## DK / Kdg. / 1<sup>st</sup> Grade Spring Soccer

Hey kids, come on out for some soccer fun! This program is for both boys and girls. Each session will include a short "practice" and then small-sided games.



**DATES/TIMES:** This program will meet 4 times, Friday evenings:

**4/23, 4/30 & 5/14, 5/21** – no soccer on 5/7 due to event conflict.

**DK / Kdg. Meets 6:00 pm – 6:45 pm** – please arrive 5-10 min. early

**1<sup>st</sup> Grade Meets 7:00 pm – 7:45 pm** – please arrive 5-10 min. early

The cost is **\$30.00**. We have kept the cost low because we will not be able to schedule a make-up session if a weather cancellation occurs. The field and coaching staff are simply not available. We appreciate your understanding.

**LOCATION:** The Williamston High School Soccer Complex – 3939 Vanneter Rd – use the parking lot near the tennis courts.

The program will be organized & coached by Gerry Pace and Bruce Collopy (High School Asst. Coaches) and High School players. Parents who wish to help are encouraged to do so. No special training is required.

Shin guards are highly recommended, soccer cleats are optional, bring a size 3 or 4 ball with your name on it if you have one. We have extra if you don't.

**Cost: \$30.00** – Price includes a t. shirt.

**Registration:** Registration forms and payment (checks only please) will be collected at the field the first night. To help us guarantee every child a shirt, **PLEASE pre-register** your child by emailing: [williamston\\_soccer\\_club@yahoo.com](mailto:williamston_soccer_club@yahoo.com) (please see instructions below\*).

Questions? Email us, or call Dean on 927-0684.

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**Please bring this completed form to our first session on 4/23.**

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, indicate if you'd like to help.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Please include a check for **\$30.00** payable to **Williamston Soccer Club**, ck # \_\_\_\_\_

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

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

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

**We must have your email to let you know if there is a weather cancellation – thanks!**

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: \_\_\_\_\_