

# **Indoor Soccer Fun for Little Kickers**

St. Cloud FC is a local adult soccer club offering 5 – 8 year old boys and girls an opportunity to further their skills as soccer players while having some fun. A weekend training session held at Bernick's Arena will be led by experienced adult players and coaches who will teach the children basic ball handling skills, on-field positioning and teamwork. Each session will consist of a training session followed by a series of short, small sided games.

**When:        Saturday April 10<sup>th</sup> - 11am – 12:30pm**  
**Sunday April 11<sup>th</sup> - 11am – 12:30pm**

Please arrive at least 15 minutes early for check in on Saturday April 10<sup>th</sup>.

**Fees: \$22 – Checks made payable to SCFC**

How to Register: Simply print out the registration form and drop it off at the arena or mail it in to the address on the form. **HURRY - registration deadline is April 7<sup>th</sup>.**

Please be at Bernick's Arena at least 15 minutes early for check in on the first day of training. Children should wear shin pads and can either wear cleats, turf shoes, or tennis shoes. Please bring a soccer ball and bottle of water.

**Please fill out the registration form and return w/ payment to:**

**Bernicks Arena / Little Kickers**  
**1109 1<sup>st</sup> St. South**  
**Sartell, MN. 56377**

**Make checks payable to SCFC.**

**Questions please contact Brandon at 320.420.6419**

# Indoor Soccer Fun for Little Kickers

PLAYERS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BOY or GIRL

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

HOME # \_\_\_\_\_ CELL# \_\_\_\_\_

SOCCER SKILL LEVEL: Just a quick overview please if your child has had any soccer experience before or totally new to the game.

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*I agree to release the coaches for the Little Kickers from all liability related to accidents or injuries that might occur while participating in the Indoor Soccer Fun for Little Kickers.. I give permission for the administration of emergency medical procedures in the event of an emergency. I agree that my child is physically fit to participate in the Little Kickers Soccer Clinic.*

Parent/Guardian Signature:

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Date:

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