

# Fall 2011 Kindergarten Soccer Clinic

The popular Kindergarten Soccer Clinic will take place again this Fall! (No Pre-K, please.) The soccer clinic is a great way to introduce your child to the game of soccer. The kids will spend most of their time developing early soccer skills through stations and small-sided "games" (4x4). Having fun is the focus!

The Kindergarten Soccer Clinic will be held on Saturday afternoons at the De Chantal field. We ask that parents plan to stay for the entire clinic to monitor their child or carpool of children. Please have your child bring a Size 3 soccer ball (if possible), wear shinguards, and have a water bottle. A De Chantal Soccer T-shirt will be provided.

Time and Dates for the Fall 2011 Kindergarten Soccer Clinic:

Saturday Afternoons, 2:00 to 3:00 p.m., on October 1, 15, 22, 29

We will need a few parent volunteers to help with the clinic. Please indicate below if you wish to volunteer. No soccer experience required!

**The cost for the clinic is \$30. Please detach the bottom of this form and return it with your check for \$30 made payable to De Chantal CYO to Lisa Quirk, 5300 Roosevelt St., Bethesda, MD 20814. We also will be happy to accept registrations at the first clinic.**

Questions? Please call or email one of us.

Lisa Quirk - 301-633-4939- lisa.quirk@gmail.com  
Terence Ryan - tryan1776@comcast.net

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## 2011 Fall Kindergarten Soccer Clinic Registration Form (Please Print Clearly)

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent Phone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby give my consent for the above-named individual to participate in the St. Jane de Chantal CYO kindergarten soccer clinic. I authorize responsible personnel to seek immediate medical treatment for the above-named individual if a medical emergency arises during any clinic in which the above-named individual participates. I also authorize the attending physician to perform any emergency treatment necessary, after consultation with responsible personnel if I cannot be reached. I also represent and warrant that I am unaware of any physical or mental impediment that would or could cause injury or harm to the above-named individual or to others by the above-named individual's participation in the St. Jane de Chantal CYO kindergarten soccer clinic. Recognizing and acknowledging that all activities present certain inherent and/or inadvertent risks and hazards, I approve the above-named individual's participation and, in consideration of St. Jane de Chantal CYO's sponsorship of beneficial athletic competition, assume all liability incident to that individual's participation, except that liability imposed by law on the Catholic Archdiocese of Washington, the St. Jane de Chantal CYO, and/or their employees, agents, and volunteers.

Signature of Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

\_\_\_\_\_ YES, I would like to volunteer to help with the Fall 2011 Kindergarten Soccer Clinic.