2009 JR LITTLE KICKERS
FALL SOCCER PROGRAM

For 3 and 4 year olds – Sept 11, 18, 25 and Oct 2 at the Blaine Soccer Complex (D4)

BLAINE SOCCER CLUB ★ PO BOX 49043 ★ BLAINE, MN 55449 ★ 763.792.7369

www.blainesoccer.org

A fun filled introduction to soccer for young children aged 3 and 4 years old taught through 'Adventure Soccer' activities rather than formal scrimmage games. Sessions are on Friday evenings 6:00pm – 6:45pm, Sept 11th, 18th, 25th and Oct 2nd at the Blaine Soccer Complex (Field D4). We hope you will join us for the 2009 fall season. The Jr. Little Kickers Soccer program costs $50.00 per child and includes a soccer t-shirt, a trophy, and training. This program can fill quickly, so register early to guarantee your spot.

Mail-In Registration: **Mail to: BLAINE SOCCER CLUB, Jr. Little Kickers, P.O. Box 49043, Blaine, MN 55449**

Drop-Off Registration: Registrations may be dropped off at the City of Blaine Park & Rec Dept.**, or the Blaine Soccer Club office located at 1467 – 101st Ave. NE, Blaine (next to Soccer USA)**

Cost: $50.00 (without a soccer ball)
If you wish to purchase a soccer ball there is an **additional $5 fee**.
Please note – all players **must** bring their own **size 3 soccer ball** (or can purchase below)

Registration Deadline is August 21st, 2009 or until full.

******Detach and return bottom of this form. It is very important you keep this top portion for your reference (Dates/Times)******

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Name:_____ **DOB:**_____ ☐ **Male** ☐ **Female**
First Middle Initial Last

Address:_____
Street City Zip code

Phone:_____-_____-_____ **Cell Phone:**_____-_____-_____

Check here if you wish to order a soccer ball (additional $5) ____ ***(All players must bring a size 3 ball)***

Father's Name:_____ **Mother's Name:**_____

Email Address:_____

In consideration of your accepting this registration, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the Blaine Soccer Club or the City of Blaine and its' representatives and successors and assigns for any and all injuries suffered by me or my child or children while a participant or spectator in the Jr. Little Kickers Soccer Program.

_____ _____
Signature of Parent or Guardian Date

Consent for Photo Release As the parent/legal guardian of a participant in the Blaine Soccer Club programs, I hereby give my consent for use of my child's photo to be displayed on the Blaine Soccer website and or local newspaper for the sole purpose of displaying participation in the program.

_____ _____
Signature of Parent or Guardian Date

Cash/Check #:_____ **Date:**_____ **Amount:**_____ **Rec'd By:**_____