



YARDVILLE CYO PEE WEE SOCCER CLINIC

**A COED SOCCER CLINIC FOR 4 & 5 YEAR OLDS
BEGINNING AUGUST 4TH**

**The soccer clinic will be held at the Yardville CYO
Soccer Field!**

Spaces are limited!

**AGE REQUIREMENTS: MUST BE BETWEEN THE AGES OF 4 - 5 BY
AUGUST 29TH, 2020 (START OF SOCCER SEASON)**

REGISTRATION FEE: \$40.00

*The basics of soccer will be the focus of the clinic. Drills will include some of the following: passing, dribbling, shooting, goal keeping as well as teaching the basic rules of soccer.

***Clinic Dates: Tues 8/4, Tues 8/11, Tues 8/18 & Tues 8/25**

***Clinic Time: 10:30am - 11:30am**

*The final clinic will include a soccer scrimmage for our players.

Any questions, please contact Dan Bossio at
609-585-4280 ext 112 or email
dbossio@cyomercer.org

Please return bottom portion with payment in full to:
Yardville CYO Attn: Dan Bossio
453 Yardville Allentown Road
Yardville, NJ 08620



Child's Name: _____ Birth Date: _____

Parent's Name: _____

Address: _____

Contact #: _____

**Email: _____

Pay By : Check Cash Credit Card (\$40.00 registration fee)

Credit Card #: _____ Exp. _____

over>>

MERCER COUNTY CYO

Permission to Participate

I give permission for my child _____ to participate in CYO Athletics.

Parent's or Guardian's Signature _____

Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics. I know of no reason to restrict my child's activity and give permission in CYO Athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and injection of anesthesia or surgery for my child named above.

Parent or Guardian's Signature _____

Acknowledgement of Risk/Waiver and Release

I certify that my child's physical condition is satisfactory for participating in the above CYO Program. I recognized that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expensed incurred as a result in my child's participation in CYO Athletics. I agree to: (A) waive and relinquish; (B) fully release and discharge; and (C) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in CYO Athletics.

Parent or Guardian's Signature _____

Photo/Video Release

I give ____/do not give ____ the CYO permission to use any photographs or video footage of my child for any promotional or other legitimate reason, including in newspapers, brochures, website, facebook, etc...

Signature _____ Date _____

PARENT / EMERGENCY CONTACT INFORMATION

Mother / Guardian's Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

E-mail Address: _____

Father / Guardian's Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

E-mail Address: _____

In case we are unable to reach you, please give us two emergency contacts:

Emergency Contact Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Emergency Contact Name: _____ Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____