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11TH ANNUAL WALLKILL SUMMER SOCCER CLINIC

FOR ALL CHILDREN ENTERING **KINDERGARTEN** THROUGH **SIXTH** GRADE

IN THE FALL OF 2019

Wallkill Girls JV & Varsity soccer teams invite you to their 11th annual summer soccer clinic. The clinic will begin **Monday, July 1st – Wednesday, July 3rd** from **9am – 12pm** at the Wallkill Town League fields.

Cost is **$50** for camp and shirt and all registrations must be received by **June 12th**. If the registration is not received by **June 12th** your child **may participate but will not receive a shirt**. Last year’s money earned from this clinic went back to the program providing the Varsity team with scrimmage apparel. This year the funds will help the team offset the cost of their banquet and equipment.

Wallkill high school soccer teams, Varsity Girls Coach, Christopher Valencia and Varsity Assistant Coach, Nicole Rivera invite you to attend their 11th Soccer Clinic. We will be working on fundamentals, offense, defense, small game play, and most importantly having fun while being physically active. **We are limited to 100 children so registration is first come first serve.**

Please be sure all children are dressed appropriately for June/July weather conditions. All children must have shin guards and sneakers or cleats on all days of the clinic. If your child decides to bring his/her own ball, please be sure it is properly labeled. Water will be provided; but children should also bring water. In the event of rain during the clinic, children will be at Ostrander Elementary school.

Anyone interested in attending please fill out form attached and return to:

**Christopher Valencia**

**John G. Borden Middle School**

**109 Bona Venture Ave**

**Wallkill, NY 12589**

Any questions please email CVALENCIA@WALLKILLCSD.K12.NY.US or call 895-7158

11th Annual Wallkill Soccer Registration Form

**Please use a different form for each participant\***

First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in the Fall of 2019:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 to receive camp registration confirmation and information

**Registration Fee $50.00**

Checks make payable to Wallkill Central School District

**Payment and registration MUST be received by 6/12 to receive a t-shirt**

T-Shirt Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sizes run from youth medium – adult large**

Please list ANY health problems, medications, and/or other information you feel instructors should be made aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency: I authorize the release of my son/daughter to be treated by a licensed physician or nearest hospital

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(Print Name of Parent/Legal Guardian) (Signature)

Emergency Contact and Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone/Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_