



YMS Mini Kickers Spring 2017

Tuesday's March 28, April 4, 11, 18, 25, May 2
Time: 9:30 AM to 10:30 AM

Thursday's March 30, April 6, 13, 20, 27, May 4
Time: 1 PM to 2 PM

Ages: 4 & 5 years old
Cost \$100.00 for six sessions
Venue: Macclesfield Park Turf Field 1000 River Road Yardley

For more information please contact David Simpson at davasimo@yahoo.com or call 215-290-0278.

Participants should bring a non-fizzy drink, a high carbohydrate snack, and a size 3 ball.

Please circle the day you will attend above and send your application form to:

David Simpson
Attn: YMS Mini Kickers
325 Glenside Avenue
Morrisville, PA 19067
Checks payable to "David Simpson"
I would like to take part in the mini kickers clinics at YMS

Name.....Age.....D.O.B...../...../.....

Address.....Zip.....

E-mail.....

Emergency/Tel.....Text Message # for Updates

Medical conditions Fee enclosed

RELEASE STATEMENT:

I, the parent(s) or guardian(s) of the registrant, a minor, agrees that the registrant and I (we) will abide by the rules of YMS, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for YMS accepting the registrant for its soccer programs and activities, I (we) hereby irrevocably and forever release, discharge and/or otherwise indemnify and agree to defend YMS, its officers, coaches, trainers, managers, referees, and affiliated organizations, including the owners of the fields and facilities utilized for the soccer program (the "Indemnified Parties") from and against any and all claims which I (we) and/or the minor may have for any and all injuries and/or damage to property arising out of (i) the minor's participation in any YMS soccer programs and activities, and (ii) the actions or inactions of the Indemnified Parties. I affirm the registrant is in sound health physical condition and that the child is covered by health insurance secured independently.

Parent or Guardian Signature: (if Under 18)

_____ Date: ____/____/____