

# START SMART SOCCER & BEYOND!



Classes take place : Tuesdays: November 2 - December 7

Dudley Fieldhouse, 31500 Willowick Dr.

Instructor: Dani Moody

*Start Smart Soccer: Ages 3-5 6:00-6:45pm*

*Session Fee: \$40*

The Start Smart program instructs children ages 3-5 years old the basic skills necessary to play organized soccer, while they work one-on-one and spend quality time with their parents. This 6-week program focuses on teaching children kicking, dribbling, trapping, throw in & running skills without the threat of competition. Each week will introduce more difficult exercises as the class progresses, and the children show improvement. Parent involvement is encouraged.

*Beyond Smart Soccer: Ages 6-10 7:00-8:00pm*

*Session Fee: \$45*

The Start Smart program instructs children ages 6-10 years old the skills necessary to play organized soccer. This 6-week program focuses on expanding skills of kicking, dribbling, trapping, throw in & running skills; focus will be on foot skills & agility. Each week will introduce more difficult exercises as the class progresses, and the children show improvement.

(Registration on Back)



Select which Session

Start Smart Soccer: Ages 3-5 6:00-6:45pm- \$40 \_\_\_\_\_

Beyond Smart Soccer: Ages 6-10 7:00-8:00pm - \$45 \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_ (    ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

**WAIVER SIGNATURE ON BACK PAGE**

The undersigned hereby consents to participate in the above named recreation program sponsored by the Department of Recreation, City of Willowick. I assume all risks, injuries, illnesses, and hazards incidental to such participation including transportation to and from activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless any and all claims for damages against the Willowick Recreation Department, officers, employees, Start Smart, and Dani Moody, on their own behalf on account or resulting from participating in such activity.

\_\_\_\_\_  
Participant Waiver Signature

Forms of payment: **Cash** or **Check** (payable to: Dani Moody)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ck#: \_\_\_\_\_ Cash \_\_\_\_ Total Paid: \_\_\_\_\_

