



Tot Soccer



A Parent/Child Motor Skill Development Program for ages 4-5

This program is designed to aid in the development of motor skills necessary to play the game of soccer. Coaches and staff will work with parents and children focusing on activities and stations to provide them with necessary knowledge and skill to begin learning to play soccer without the threat of competition or the fear of getting hurt. Each session will include a prayer time and a Christian based character lessons. Sessions are held once a week for five weeks. Each week stations become more challenging, building upon the previous week, while children show improvement and gain confidence. Colleen _____, youth soccer coach in the area, along with the help of volunteers will lead the camp. We look forward to seeing you and your child at camp!

****PARENT PARTICIPATION IS REQUIRED. REGISTRATION DEADLINE: FRIDAY, DECEMBER 14TH**

Who: Children ages 4-5 **Where:** St. Paul Lutheran School/Church at 158 East Avenue, Hilton, NY 14468.

When: Second Wednesday of the month (Jan. 9th, Feb. 13th, Apr. 10th, May 8th **Time:** 6 p.m.-7 p.m.

Cost: \$25 per participant (Limit 15 participants)

Registration form and payment accepted by St. Paul Lutheran School. Make checks payable to St. Paul Lutheran School. Questions??? Contact Kevin Rhodes, St. Paul Athletic Director, by phone at 585-392-4000 ext. 226 or email at kevinrhodes@stpaulhilton.org .

------(Submit this half of this form with payment)-----

Tot Soccer Registration Form

Name (Parent)_____ (Child)_____ Age_____

Address_____ Zip_____ Phone_____

Email Address_____

Emergency Contact_____ Emergency Phone_____

Medical Restrictions _____

Home Church _____

MEDICAL INSURANCE NOT PROVIDED-- I/We the parent or guardian in the above-specified program, assume all risks and hazards incidental to such participation; and I hereby waive, release, absolve, indemnify, and hold harmless, Rehoboth Baptist Church, employees thereof, volunteers, organizers, sponsors and supervisors except to the extent covered by liability insurance.

Date _____ Parent Signature_____

For Office Use: Amt. Pd.: Check_____ Cash_____ Processed by _____ Date Processed _____