

St. Anthony's Soccer Clinic
Pre-K (4 yr old and older) – 4th Grade



Dear Parents,

St. Anthony offers a great family oriented program for St. Anthony de Padua students in grades Pre-K4 through 4th. This clinic allows those students along with family volunteers to learn the basic skills of the game in a friendly positive environment.

- Six Sundays: Sept 11, 25, Oct 2, 9, 16, 23
- Knollwood soccer fields at intersection of Adams Rd. and Grape Rd.
- 230 – 4P; team clinic/practice 230 – 3P, followed by a 4 x 10 min quarter game; 8 min for Pre-K/K
- Cost: \$15.00/child; (team shirt included in cost) Coach and asst will receive a t-shirt for volunteering

Please return the completed registration form and participation fee in an envelope marked “Intramural Soccer” to school by **no later than Thursday 08/25** in order for us to have shirts available by the 1st game. Make check payable to St. Anthony Athletic Department. Any questions, please call Francisco Martinez at H 291-6055 or C 876-7190.

Children need the following:

- Players should dress for weather; Please bring water/refreshments for your child
- If possible, please have your child bring a ball (Size 3 for PreK-2 or Size 4 for 3 and 4th grade)
- Tennis shoes or soccer cleats; Shin guards (Must have shin guards to play; children cannot play without)

We need your help to make this an enjoyable experience for your child. Please consider volunteering as a coach, assistant, or referee. You do not need to be a soccer expert to be a part of this wonderful experience.

Please indicate on the registration form where you and your family can help. There will be a brief meeting at the school parking lot for all coaches the morning of Sept 10th. For those planning to help out please plan on being at the school at 830A for that coach meeting and equipment distribution.

Thank-you in advance for your assistance and participation.

-----Registration Form-----

Student Name _____

Grade and Teacher _____

Player T-shirt size: Youth: SM MED LG XL Adult: SM MED LG XL

Coach T-shirt size: Adult: MED LG XL

Parent Signature _____ Phone # _____

E-mail address (please include) _____

I WOULD LIKE TO VOLUNTEER AS: COACH___, ASST___, REF___

NAME _____ PHONE# _____