



City of Lapeer  
 PARKS and RECREATION DEPARTMENT  
 880 S. Saginaw Street, Lapeer, MI 48446 810-664-4431



**“Skills & Scrimmage”**  
**INDOOR SOCCER CLINIC 2012**

Coed soccer clinic for kids’ 1<sup>st</sup> through 6<sup>th</sup> grades. Group instruction focuses on skills, play and tons of FUN! Participants will be organized into teams for scrimmages. Shin guards and gym shoes required of players. This is a great opportunity to polish up on your skills before spring soccer season begins.

**Registration:** February 1<sup>st</sup> – March 5<sup>th</sup>  
**Clinic Dates & Times:**



**Saturday March 10 10:30 – 11:45 a.m.**  
**Thursday March 15 6:30 – 7:45 p.m.**  
**Saturday March 17 10:30 – 11:45 a.m.**  
**Thursday March 22 6:30 – 7:45 p.m.**  
**Saturday March 24 10:30 – 11:45 a.m.**

**Where:** Lapeer Skating Center – 2100 N. Lapeer Rd.  
**Cost:** \$30

**\*\*\* Refunds will only be issued until March 7<sup>th</sup> and will be subject to a \$5 refund charge.**

City of Lapeer Parks and Recreation Department  
 INDOOR SOCCER CLINIC 2012



**FEE:** \$30 \_\_\_\_\_  
**Late fee** \$5 \_\_\_\_\_

**BOY** \_\_\_\_\_ **GIRL** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ **Child's Shirt Size (Circle One)** YS YM YL AS AM AL XL

Does your child have a disability that requires a reasonable accommodation? Yes \_\_\_ Parent Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (Please fill out Reasonable Accommodation Form when registering; forms are available at the Community Center front desk)

**WAIVER/RELEASE OF LIABILITY**

I hereby give my permission for my son/daughter to participate in the City of Lapeer Parks and Recreation Soccer Program; and I waive any or all rights to claims for damage arising from injury received while my child is participating. I hold harmless this Department, its' organizers, sponsors, managers, coaches, officials or supervisors appointed for any injuries incidental to the activities or transportation to and from these activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FEE</b> _____	<b>RECEIPT #</b> _____	<b>Cash</b> _____	<b>Check</b> _____	<b>Charge</b> _____	<b>Staff</b> _____	<b>Date</b> _____	Background Check Info Given <input type="checkbox"/>
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\* In Cooperation with Lapeer Community Schools \*