

# 2011 GREEN ISLAND SOCCER CLINIC

July 5<sup>th</sup> – July 8<sup>th</sup> (K - 2<sup>nd</sup> grade)

5:00pm – 6:00pm

July 25<sup>th</sup> – July 29<sup>th</sup> (3<sup>rd</sup> – 6<sup>th</sup> grade)

5:00pm – 6:00pm

July 25<sup>th</sup> – July 29<sup>th</sup> (7<sup>th</sup> – 12<sup>th</sup> grade GIRLS)

6:00pm – 8:00pm

All Sessions Will Be Held At

Veterans Memorial Stadium – “Big Field”

**FREE** For Green Island Residents

\$20.00 for non-residents

*Come Join In The Excitement*

*Skill Development, Drills, Games,*

*& A LOT of FUN*

*College Coaches, College All-Stars, Local Players*

*For More Information Contact:*

*Larry Brown @ 271-7616*

*CAMP DIRECTOR*

*Or*

*Maggie Alix @ 273-2201*

*Director of Parks & Recreation*

**Please return the following to:  
The Village of Green Island  
20 Clinton Street  
Green Island, NY 12183**

**Camper's Name (s)** \_\_\_\_\_

Session I – July 5<sup>th</sup>-8<sup>th</sup> - Age (s) \_\_\_\_\_ (K-2<sup>nd</sup> grade as of September 2011)

Session II – July 25<sup>th</sup>- 29<sup>th</sup>- Age (s) \_\_\_\_\_ (3<sup>rd</sup>-6<sup>th</sup> grade as of September 2011)

Session III – July 25<sup>th</sup>-29<sup>th</sup> - Age (s) \_\_\_\_\_ (7<sup>th</sup> – 12<sup>th</sup> grade as of September 2011)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Home#** \_\_\_\_\_ **Work/cell#** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Medical Release**

I/We the parents or guardians of the above noted child hereby give my/our permission for my/our child to participate in any and all Green Island recreational activities, in particular, The Green Island Soccer Clinic. I/We know that participation in recreational activities may result in serious injury, and that protective equipment does not prevent all injuries to players and participants, and I/We do hereby waive, release, and absolve, indemnify and agree to hold harmless the Green Island Recreation Department, The Village of Green Island, organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child; whether the result of negligence or any other cause. I/We do hereby give permission for my/our child to receive medical treatment in case of an emergency if I/We cannot be contacted.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please note any medical history that you would like us to be aware of.

**REMINDER** – All Participate **MUST** Wear Shin Guards  
Cleats OR Sneakers Are Acceptable  
Session I & II – Ball Size 4  
Session III – Ball Size 5  
Bring Plenty of Water