

# Durham Recreation Sponsored

## Winter Foot Skills

January 5th through March 29<sup>th</sup>

**FOR BOYS & GIRLS 1st to 6th grade  
2 divisions: 1st/2nd, 3rd/4th/5th**



### PLACE KORN SCHOOL

**This program is intended to develop the foot skills necessary to prepare and improve players for travel soccer. Training sessions will focus on skills development including trapping, passing and dribbling.**

**If your son or daughter has enjoyed Fall soccer and is looking to further their skills, please join us!**

**(space limited to 20 participants in each division. DO NOT wait to register)**

This program runs weekly on Tuesday nights all winter:

Starts January 5th. Ends March 29<sup>th</sup> (No soccer February 16<sup>th</sup>)

Younger group 6:30 to 7:30. Older group 7:30 to 8:30

FEE: \$60.00 for 12 session's

Director: Mark Salley (<mailto:markims@sbcglobal.net>)

Mail Registration and check to: Durham Recreation, P.O. Box 428, Durham, CT 06422  
Durham Recreation Office 860-343-6720

#### STUDENT NAME

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

Grade \_\_\_\_ M \_\_\_\_ F \_\_\_\_ Shirt size: \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

CELL # \_\_\_\_\_

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

EMERGENCY CONTACT \_\_\_\_\_

PHONE# \_\_\_\_\_

Please list any medical problems concerning your Student, including allergies or medications:

I hereby give permission for the above student to participate in this soccer clinic sponsored by the Durham Recreation Department. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Parent

Signature \_\_\_\_\_ Date \_\_\_\_\_