



**PAL Winter Indoor Soccer Clinic @ Beechwood
School Dutch Total Soccer/Soccer Centers**



Eligibility: Girls and Boys 2nd grade – High school

Registration: Slots are limited so registration is offered on a first come, first serve basis. Completed registration forms & payment can be mailed no later than Jan. 14th. Registration fee is \$100 per child. Make checks payable to "Mountainside PAL" and mail to Mrs. Penington, 280 Garrett Rd. Mountainside NJ 07092.

Dates: Jan. 21th thru Mar. 7th (See chart below for preliminary date/time slot...6 sessions for 1 hr). ** Schedule may change based upon requirements of each age group.

Sat. Dates: 1/21, 1/28, 2/ 4,2/11, 2/25, 3/6

Sun. Dates: 1/22, 1/29, 2/5, 2/12, 2/26, 3/7

Grade	Time
2 nd Girls & Boys	Sat. 3:00pm
7 th & 8 th Girls	Sat. 4:00pm

Grade	Time
3 rd & 4 th Girls	Sun 12:00 pm
3 rd & 4 th Boys	Sun. 1:00 pm
5 th & 6 th Boys	Sun. 2:00pm
7 th & 8 th Boys	Sun. 3:00pm
High School Girls	Sun 10:00am
High School Boys	Sun 11:00am

**Max of 12 kids per session up to 4th Grade, 5th-8th limit of 10.

**Non Marking soled Sneakers/shin guards required, and bring a beverage of choice to drink.

****Parent involvement** required to chaperone a session that your child participates in.

Training: The program will concentrate on each participant's footwork. Players learn how to move and feint with the ball from a standalone position to match related training conditions. Players will be encouraged to develop their own style and gain confidence in their ball handling ability under pressure situations. Older kids will concentrate on 3v3 activities. Skills learned can be reinforced by exercises they can do on their own.

Provided by **Dutch Total Soccer/Soccer Centers** of Somerset NJ (for more information about the training company...www. www.soccercentersnj.com)

Any Questions, call Gail Penington @ (908) 233-3667 or Kristen Ciccimarra (908) 283 4742.

First Name _____ Last Name _____ Grade: _____

Street _____ Medical Limitations/Allergies _____

Daytime Phone: _____ Evening: _____ Cell: _____

Email: _____

My child has been examined by a physician, and to the best of my knowledge is physically fit to participate in a soccer training program. Permission is hereby granted to engage in this activity. The Borough of Mountainside, employees, P.A.L., and Dutch Total Soccer or their employees will not be liable for any injury incurred from training sessions. Participants are responsible for their own transportation to and from sessions. I understand that state law requires my child wear protective eyewear that meets national standards during this activity if he/she normally wears corrective eyeglasses. I give permission for my child to be photographed, and for photographs to appear in Borough materials.

Parent's Authorization _____ date: _____