



# SQUIRTS CLASSES

## Ages 3-5 ♦ Boys & Girls

# EASTCHESTER

In association with Eastchester Recreation Department



USA's Soccer Squirts® is the original age 3-7 soccer class. Often imitated, never duplicated; learn the game in a safe, fun environment with professional coaches.



Soccer Squirts® learn the fundamentals of soccer through a program of structured activities and fun based games designed to stimulate a child's imagination and develop motor skills.



- ♦ Boundaries/exploration
- ♦ Movement with the ball
- ♦ Changing direction
- ♦ Changing speeds
- ♦ Passing
- ♦ Control
- ♦ Shooting
- ♦ Spatial awareness



Want to try a bunch of different sports? Sports Squirts® is the answer as it allows children to experience a new sport during each week of the program.



Sports Squirts® will sample: Lacrosse, Soccer, Hockey, Basketball, T-Ball, Parachute games and more, all in a safe, structured & fun environment with particular focus on hand/eye coordination, movement, balance & spacial awareness.



- ♦ Soccer
- ♦ Basketball
- ♦ Lacrosse
- ♦ T-Ball
- ♦ Hockey
- ♦ Parachute

## SPRING 2012 LISTINGS

Activity	Day	Date	Time	Age	Fee
<b>SPORT SQUIRTS</b>					
#213202-01	Thurs	4/19 - 5/31	9:30 AM - 10:30 AM	3 to 5	\$125
<b>SOCCER SQUIRTS</b>					
#213201-01	Thurs	4/19 - 5/31	10:45 AM - 11:45 AM	3 to 5	\$125

All classes take place at: **Haindl Field**

Class consists of 7 x 1 hr sessions

Make up classes will take place after the last scheduled session

For pricing information or to download a registration form please visit:  
[www.eastchester.org](http://www.eastchester.org)

## HOW TO REGISTER

By mail or in person to:  
Eastchester Recreation Dept  
40 Mill Road, Eastchester NY, 10709

For further information and pricing please call :  
Eastchester Recreation Dept: (914) 771 3311



[UnitedSoccerAcademy.com](http://UnitedSoccerAcademy.com)



[USSportsInstitute.com](http://USSportsInstitute.com)



# REGISTRATION FORM

## Family Information

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

CHILD 1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Camp Code 1: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ **Child 1 Total**  
 Camp Code 2: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Camp Code 3: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 4: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

CHILD 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Camp Code 1: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ **Child 2 Total**  
 Camp Code 2: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Camp Code 3: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Camp Code 4: \_\_\_\_\_ Town: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Please list all additional medical information by enclosing additional written document when you register

**USSJ Waiver and Hold Harmless Agreement.** I hereby agree to let my child participate in this activity. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport and that he/she is healthy and has no physical or mental disabilities or ailments that would restrict full participation in this activity, except as included in writing with this application. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless US Sports Institute Inc., its officers, coaches, sponsors, partners, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I grant USSJ Inc. permission to use photo or video images of my child in future promotional materials.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Method of Payment and Discount Information

Child 1 Total (as above) \$ \_\_\_\_\_ Child 2 Total (as above) \$ \_\_\_\_\_  
 GRAND TOTAL: \$ \_\_\_\_\_

**Cash or Check Only** Checks payable to: **Town Recreation Department**  
 (check Box) Mail to: **Address.**  
 Cash Phone: **phone number**  
 Check

**Refund Policy.** Refunds will only be made if cancellation occurs two weeks prior to the start of the event and will incur a \$50 administration fee for all cancelled registrations. Alternatively a credit voucher for the full amount will be issued if desired. Cancellations within two weeks of the start of the event are only entitled to credit vouchers unless a medical emergency arises at which point documentation is required. Refunds will not be issued in the event of non-participation. No refunds or credits will be issued once a program or camp has started.

**Weather Policy.** If a portion of the class is cancelled by USSJ due to adverse weather conditions, USSJ will do it's best to make up all lost time during the camp week or session. Make ups will not take place during any other week or session. If total time lost to inclement weather is greater than one full camp day or class and USSJ is unable to make the time up then a pro-rated credit voucher will be issued for lost time. Credit vouchers will NOT be issued for any lost time that is less than one full camp day or session. Cash refunds WILL NOT be issued in the case of weather cancellations. In case of inclement weather campers should arrive on site.