



2024 “Let’s Kick It” Soccer Clinics Registration

Registration is open February 29 through March 31, 2024 for weekly outdoor soccer skill-building classes to be held on Tuesday evenings, April 9 through April 30, 2024 at School Yard Park. Sign-up online at uniongrove.net/rec or by submitting this form with registration fee to the Union Grove Village Offices, 925 15th Ave. Normal office hours are Monday-Friday 8 a.m. to 4:30 p.m. Registrations and payment (check only) can also be mailed to Village of Union Grove, 925 15th Ave., Union Grove, WI 53182. Registration fee for Union Grove/Yorkville Residents: \$45.00 per child, Non-Residents: \$55.00 per child. For questions, contact Ryan Thompson at (262) 902-7917.

Section A. League Selection:

- ☐ **Young Kickers (Ages 3-5)** – Introduce your child to the sport of soccer through games, drills and skill development. Young Kickers start at 5:00 p.m., spend 30 minutes on skill development and finish with a 15-minute scrimmage.
- ☐ **Beginners (Ages 6-8)** – For children who are newer to the sport and want to increase their skills and development. Beginners start at 5:50 p.m., spend 30 minutes on skill development and finish with a 15-minute scrimmage.
- ☐ **Intermediate/Advanced (Ages 9-11)** – Designed for children already playing the sport who want to develop more specific skills. Start at 6:40 p.m., spend 30 minutes on skill development and finish with a 15-minute scrimmage.

Section B. Participant Information:

Name: _____ Parent Name: _____

Age: _____ Current Grade: _____ Gender: _____ Phone: _____

Address: _____ City: _____

Date of Birth: _____ School: _____

E-mail Address: _____

Section C. Agreement and Signature

By signing this form, I agree to register my child for this recreation program. I understand the program is offered on a voluntary basis to provide recreation activities for children in the area. I know that transportation is my responsibility. I understand I am responsible for injuries or illness associated with this program.

I also understand the refunds policy: Refunds will be made upon request of a registered participant (or parent/guardian) up until the start date of the scheduled program. A \$5.00 service fee will be charged on all refunds provided. In the event a program is canceled, registered participants will be notified and will receive a full refund.

Parent/Guardian Signature: _____ Date: _____

This Section for Office Use Only:

Date Filed: _____ Amount Paid: _____ Cash: ____ Check #: _____ Receipted by: _____