

Chris Obi Soccer Academy



CSA-DEVELOPMENTALSOCCERCLINICS

Spring 2017

Sponsored by the Town of Southeast - Recreation Department

ALL PLAYERS GET A Uniform with full payment

Location: BREWSTER SPORTS CENTER – 19 Sutton Place, Brewster NY

Little feet (4 - 6yrs) ***Cost \$190.*** **14 Players Max**

Wednesday: 5:00 to 6:00pm – Open

April 19, 26

May 3, 10, 17, 24, 31

June 7, 14, 21

Young Kickers (6 - 9yrs) ***Cost \$190.*** **14 Players Max**

Wednesday: 5:00 to 6:00pm – Open

April 19, 26

May 3, 10, 17, 24, 31

June 7, 14, 21

Junior Kickers (9 - 12yrs) ***Cost \$190.*** **16 Player Max**

Wednesday: 5:00 to 6:00pm – Open

April 19, 26,

May 3, 10, 17, 24, 31

June 7, 14, 21

For more information's and program details, please visit our website: www.chrisobiacademy.com

Phone 845-282-0334 or Contact Town of Southeast Rec Dept: Phone 845-279-3915

You can also Text Chris Obi at 845-282-0334 or email chris@chrisobiacademy.com

CSA DEVELOPMENTAL SOCCER CLINICS - SPRING 2017

Mail or drop off at: Town of Southeast Recreation Department
1 Main St / Brewster, New York 10509
phone #: (845) 279-3915
E-mail: recreation@southeast-ny.gov
website: www.southeast-ny.gov

Please register early

Please circle program desired:

[Little Feet – U6 Wed 5pm].

[Young Kickers – U7 Wed 5pm]

[Junior Kickers – U12 Wed 5pm]

Program: _____ Circle: Male / Female

Name: _____ Phone #: _____

Address: _____ City: _____ Zip _____

Parent / Guardian #: _____ Cell #: _____

School: _____ Grade (presently in): _____ Age: _____ DOB: _____

Fee: _____ Cash: Check:

Emergency Contact: _____ Phone _____

EMAIL ADDRESS: _____

_____ has my permission to participate in the CSA / Southeast Recreation Program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do here by waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the coach of any medical/physical condition that could limit adult and child's participation or that requires special attention.

SIGNATURE: _____ Date: _____