

**SOCCER**



**TRAINING**

## Learn from the BEST BEST Soccer!

BEST Soccer, established in 1999, provides players, from ages 3 to 18, with superior soccer instruction from experienced and licensed British and American coaches. [www.bestsoccer.org](http://www.bestsoccer.org)

The coaches will develop basic foot skills, passing and shooting through structured games with every player actively involved. Players will also learn the basics of soccer match play via 3v3 tournaments focusing on positions, start of play and dead ball situations. The games and matches develop safe play, teamwork, communication and interest in soccer. Players will be grouped by age and ability.

Grades: Pre-K 3, Pre-K 4, and kindergarten

Dates: Mondays April 3, 10, 24 / May 1, 15th

Time: 3:00pm – 4:00pm

Location: Venerini Gym

Fee: \$75, includes a BEST t-shirt!

**Please bring a water bottle, shin guards, and sneakers for gym**

*Non-refundable tuition due upon registration. [www.bestsoccer.org](http://www.bestsoccer.org)*

**Make check payable to: *Best Soccer***

Mail form and check to: Venerini Academy Attn: Mary Sivo

Cut here-----

Name: \_\_\_\_\_ Age and Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

This release is made to allow my child to participate in the BEST Soccer, LLC clinic. I recognize that my signature on this release is a condition of your permitting my child to participate. I agree that you may photograph and/or videotape my child during training and that you retain the rights to use these visual images in any manner you wish without compensation to my child. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at training sessions. I certify that there are no physical limits to my child's participation in training. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge BEST and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation during training. I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds me and the minor to its terms.

**Parent/Guardian**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

SOCCER BALL \$15 EXTRA YES NO