



SPRING ACADEMY SOCCER TRAINING

In-house soccer for 4K-K

Attention families of boys and girls who are currently in 4K and Kindergarten. You are invited to register for our intro to soccer program. The focus is on providing a fun environment that includes camp style skill development and small sided in-house league games. Small sided games allow players to have the most contact with the ball and best opportunity to develop their skills. Players are required to wear shin guards and cleats at each session. Parents are encouraged to help, but participation is not required. Fee includes team t-shirt that kids are asked to wear to each practice.

Dates: April 5, 7, 12, 14, 19, 21, 26, 28, May 3, 5, 10, 12 (Mon / Wed)
Times: 5:00-6:00pm
Grades: Currently in 4K and Kindergarten
Site: Greene Park (675 Daffodil Street, West Salem)
Fees: \$45 Village Resident / \$50 School District Resident / \$55 Out of District
Reg. Max: 40 Participants - Register early!

Registration is NOT GUARANTEED once program is full and/or after March 26th.
Registration will be taken on a first come, first served basis!

***REMINDER—MANY FAMILIES HAVE A CREDIT FROM 2020!
 PLEASE CHECK YOUR FAMILY'S ACTIVENET ACCOUNT FOR YOUR CREDIT BALANCE***

REGISTRATION OPTIONS

1: ONLINE AT: <https://apm.activecommunities.com/westsalemparksandrec/Home>
 OR

COMPLETE REGISTRATION FORM BELOW & RETURN WITH PAYMENT

2: MAIL TO: WEST SALEM PARK & REC. DEPT.
 175 South Leonard St, West Salem, WI 54669

3: DROP OFF: 24 HOUR DROP BOX
 Located next to our building entrance off of Leonard St.

Participant Name: _____ Birth date: _____ Age: _____

Address: _____ School Attending: _____

School Attending: _____ 2020-21 Grade: _____ Sex: _____

Participant resides with whom: _____ Home Phone: _____

Email Address: _____

Fee Included: \$45 Village Resident / \$50 School District Resident / \$55 Out of District Resident

Medical Concerns/Limitations: _____

Mother's Name: _____ Birth date: _____ Cell #: _____

Father's Name: _____ Birth date: _____ Cell #: _____

Emergency Contact Name (non-parent/guardian): _____

Emergency Contact Relation: _____ Emergency Contact Phone: _____

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