



THE SPORTS PLACE



845-358-GAME (4263)

www.TheSportsPlace.com

www.kiddiekickers.com



Kiddie Kickers

\$295 per player for one (1) session, \$495 for two (2) sessions
\$25 discount for siblings (same session)

Winter Sessions

Spring Sessions

Day	Time	Date	Day	Time	Date
Monday K806	12:00 – 1:00	11/24, 12/1, 12/8, 12/15, 12/22 12/29, 1/5, 1/12, 1/19, 1/26	Monday KK811	12:00 – 1:00	2/2, 2/9, 2/16, 2/23, 3/2 3/9, 3/16, 3/23, 3/30, 4/6
Tuesday K807	4:00 – 5:00	11/25, 12/2, 12/9, 12/16, 12/23 12/30, 1/6, 1/13, 1/20, 1/27	Tuesday KK812	4:00 – 5:00	2/3, 2/10, 2/17, 2/24, 3/3 3/10, 3/17, 3/24, 3/31, 4/7
Saturday K809	9:00 – 10:00	11/29, 12/6, 12/13, 12/20, 12/27 1/3, 1/10, 1/17, 1/24, 1/31	Saturday KK813	9:00 – 10:00	2/7, 2/14, 2/21, 2/28, 3/7 3/14, 3/21, 3/28, 4/4, 4/11
Sunday K810	10:00 – 11:00	11/30, 12/7, 12/14, 12/21, 12/28 1/4, 1/11, 1/18, 1/25, 2/1	Sunday KK814	10:00 – 11:00	2/8, 2/15, 2/22, 3/1, 3/8 3/15, 3/22, 3/29, 4/5, 4/12

Registration Information

Child's Name: _____ Age: _____ Birth Date: _____ M or F

Session Preference (in order): 1st _____ 2nd: _____ 3rd: _____

Adult's Name (s): _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ Cell: _____

Grade: _____ School: _____

Recognizing the possibility of physical injury associated with any organized play and in consideration for accepting the registrant for its program (the "Program"), I hereby release, discharge, and/or otherwise indemnify KIDDIE KICKERS, THE SPORTS PLACE, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize. My child or ward has received a physical examination and has been found physically capable of participating in the Program. In the case of a medical emergency I hereby grant permission for my child/ward to receive medical treatment. I am aware of the policies and objectives of the Program and hereby authorize my child/ward to participate.

X _____ / ____ / ____
Parent / Guardian Signature Date

Registration fees are due in full before the first session and are non-refundable.