



Holmdel Stallions/NJX Soccer Club

www.HolmdelStallions.org

www.NJXSoccer.org

Questions? Call 732-687-4301



Youth Winter Clinics & Training

****Pre-Travel Clinics:** Free Registration for Holmdel Residents (10 weeks)

An introductory training program taught by certified soccer trainers, designed to be a fun preparation experience for boys and girls 5-7 years old who might eventually be interested in playing travel soccer.

Sundays January 10th – March 14th 9:00-10:30am at Village School New Gym
OR

Tuesdays January 12th – March 16th 4:30-6:00pm at Village School New Gym

****Technique / Skills Clinic:** Cost \$99 per athlete (10 weeks)

Taught by a certified experienced trainer. For the travel soccer player who wants to refine their ball control technique & confidence, through working in tight spaces, learning new moves & increasing speed of play.

Tuesdays January 12th – March 16th 6:30-8:30pm at Satz Middle School Gym

I AM REGISTERING FOR THE FOLLOWING PROGRAM(S): (Please Circle)

Pre-Travel Clinic (Sundays)

Pre-Travel Clinic (Tuesdays)

Skills Clinic

Mail Completed Form and Payment to:

“Holmdel Stallions Soccer Club”, c/o Frank Pento, 6 Aufrá Place, Holmdel, N.J. 07733

or Fax Completed Form to 732-946-3006

ATHLETE'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ DOB _____ EMAIL ADDRESS _____

MOTHER'S NAME _____ FATHER'S NAME _____

EMERGENCY CONTACT: _____ PHONE _____

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks.

I hereby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. I am fully and properly insured. In addition, to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the staff, the Holmdel Stallions, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian

Signature _____ Date _____