



Denver Kickers Sport Club Inc. www.denverkickers.com ~ 16776 W. 50th Ave Golden Colorado 80403 / 303-279-9097 ext 2

KICKERS YOUTH SOCCER Spring Registration

KICKERS KIDS SOCCER: Thursdays & Saturdays - New K.K.S. Saturdays Only!

ATTENTION - Kids ages 3-9!!! (July 31, 2004 and older) Soccer time is here again! Do you want to learn how to play soccer? Do you already know how? The Kickers program is designed for kids of all levels and of all ages.

Technique: Learning to play soccer should be fun. It should be a positive experience and enjoyable for the kids as well as the parents. We take a non-competitive approach to teaching soccer. Competition and sportsmanship comes with understanding the game and respect for the game, the team, the coach, and the opponent. Individual soccer skills are taught and developed on Thursdays. Ages 7 and older can sign up for team skills which includes Tuesdays.

Kickers Kids Ages 5 and younger: Thursdays from 4:30 to 5:30 is individual skills day designed to show players proper technique and apply it to challenging and fun situations. Saturday is game day where the parents and coordinator encourage the players to simply participate and run with the ball. The coordinator helps the parents get involved and helps align teams based on individual development levels. Parents bring your athletic shoes!

Saturday Only! Want to find out if soccer is for your player? Sign up for Saturday games only - age 4. Age 5 and older we encourage two days.

Kickers Kids Ages 6 and older: Thursday from 5:30 to 6:30 is individual skills day designed to show the players proper technique through fun, skill challenging stations. Each station is manned by a skilled player/coach demonstrating proper ball striking techniques and skills. Kids will be assigned a team and travel through the stations. Teams will then play games on Saturday with a coordinator who helps the teams through the game.

Coaches: The Denver Kickers staff is men and women who have played at very high levels of soccer. The Kickers U23 Men's team was the 2003 & 2004 National Amateur Champions! Coaches are club certified or seeking a coaching license. Mark Perdue of Rocky Mtn. Soccer Camps is our youth coach director and skill coordinator!

Field: All practices and home games are held at the Denver Kickers Sport Club.

KICKERS KIDS	WEEKDAY	WEEKEND	Spring Season	Spring Cost	Inter-League Teams	Saturday Only 9:30
U5 - 8/1/02-7/31/04 - U4	Thurs.4:30-5:30	Sat. 9:30-10:30	4/3/08-5/10/08	\$ 65.00	Contact	U4 & U5 - \$35
U9 - 8/1/98-7/31/02 - U6	Thurs. 5:30-6:30	Sat. 9:30-10:30	4/3/08-5/10/08	\$ 75.00	Steve Rock	
AGE GROUPS	4/3/08-5/8/08	4/5/08-5/10/08		Due Mar. 8	303-467-2773	4/5/08-5/10/08

REGISTRATION (One form per child) - Open House Demo & Registration March 8 @ 10:00 am

Child Name _____ Male or Female Age _____ Date of Birth _____ Phone number _____

E-mail Address _____ Parent Names _____

Address _____

UNIFORM - Shirt size of child? (circle one) Youth: S M L Adult: S - Reversible uniform shirt \$18, black shorts \$13, black socks \$5

No uniform needed __ check here. Please make your payment by check to the Denver Kickers and send in with your registration form to:
Registrar, 16776 W 50th Avenue, Golden CO 80403 - Questions please call Theresa Reed: **303-940-7649**.

Authorization

I, the parent / legal guardian of the registrant, a minor, agree that I and the registrant recognize the risk and possibility of physical injury associated with soccer and in consideration for The Denver Kickers accepting the registrant for its soccer programs and activities, hereby release, discharge and/or otherwise indemnify The Denver Kickers, its sponsors, employees, coaches, directors, and associated personnel, including the owners of fields, and facilities utilized for the program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize. As a parent / legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry, or associated emergency provider. This care may be given under whatever conditions necessary to preserve the life, limb, or well being of my dependant. I know of no medical, mental or physical condition that would affect my dependant's ability to participate in this activity.

Signature _____