

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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www.grimesiowa.gov

CITY OF
GRIMES



Tiny Kickers Summer Soccer Clinic

Program Description:

This is a fundamental clinic for 3 to 5 year olds and is an affordable way to find out more about the popular sport of soccer. Children are taught the basics of soccer, the positions, rules, sportsmanship, kicking, passing, and throwing of the soccer ball. The second and third sessions are a review of the skills learned and a short inter-squad scrimmage. The final session is a real soccer game implementing everything learned in the first three sessions. Participants need to bring a water bottle, shin guards, and cleat shoes can be worn, but are not necessary for this clinic.

Who: For Boys and Girls Ages 3-5

Where: Grimes Outdoor Sports Complex

Date: Session 1: Mondays, June 7 – June 28

Session 2: Mondays, July 5 – July 26

Time: 5:30pm – 6:15pm – Ages 3-4

6:30 – 7:15pm- Ages 4-5



Questions: Brett Barber, Grimes Parks & Recreation Director
at bbarber@ci.grimes.ia.us or by phone at 986-2143.

To Register: ONLINE REGISTRATION IS AVAILABLE. Or you can pay with cash/check to **City of Grimes** and bring in registration to the Rec Office. You can also mail to City Hall at 101 NE Harvey St.

Cost: \$20 per child per session if you DON'T need a red/white Tiny Kickers jersey
\$25 per child if you DO need a jersey

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2010 "Tiny Kickers Summer Soccer Clinic" Registration Form

PARTICIPANT'S NAME: _____ DOB: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____ Volunteer Coach? YES NO

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

T-Shirt Size (Circle): YS YM YL AS AM

Please Circle: Session 1: 5:30pm 6:30pm Session 2: 5:30pm 6:30pm

Cost is \$20 per child per session if you DON'T need a jersey OR \$25 if you DO need a jersey

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Parks & Recreation Office Location ~ 410 SE Main St. in Grimes