

# 8th Annual Pete Raffa Memorial Soccer Clinic

The Perrysburg High School Boys & Girls Varsity Soccer Programs would like to invite your young soccer player to participate in our 8th Annual Soccer Clinic. The soccer clinic will be held on 22-25 June 2009 from 6 – 8 PM with check in at 5:30 PM on Monday and 5:45 PM on Tuesday through Thursday.

This clinic is for young soccer players entering the grades of K – 8 and the fee for the clinic is \$40 per player. The clinic will be held at the Rivercrest Soccer Fields (Ft. Meigs Elementary School – South Side). Each player will receive instruction from the high school coaching staff and varsity soccer players in a building block approach of fundamentals while emphasizing teamwork and fun. All players are guaranteed a clinic T-shirt if your registration is received NLT June 4<sup>th</sup> 2009.

This clinic is limited to the first 100 players to register. Players must wear suitable soccer attire (shoes, shin guards, & dress appropriately for the weather) and bring a soccer ball with your name on it.

Mail application along with a check payable to the Perrysburg Recreation, and return to:  
*City of Perrysburg, Summer Recreation Program, 201 West Indiana Avenue, Perrysburg, Ohio 43551*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
Emergency Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (next fall): \_\_\_\_\_  
School last attended: \_\_\_\_\_ Circle one: Boy or Girl  
How many years has your child played soccer? \_\_\_\_\_  
Does your child play Perrysburg YSA or Perrysburg Club? \_\_\_\_\_

Names of Parents or Guardians: \_\_\_\_\_

I hereby authorize the Jacket Soccer Clinic to act for me according to their best judgment in any emergency requiring medical attention.

Signature of Parent/Guardian: \_\_\_\_\_

T-Shirt Sizes (Please circle one): Adult: XL L M S Youth: L M S



Soccer

