



PELHAM RECREATION DEPARTMENT
20 FIFTH AVENUE 738-0153/FAX 712-0586
www.pelhamrecreation.com



MUD WEEK SOCCER CLINIC
FEBRUARY 21-24, 2012 / 9AM-3PM
PROSPECT HILL SCHOOL

ELIGIBILITY: Pelham Boys & Girls K-8

LOCATION: Prospect Hill School

DATES: February 21 - 24, 2012

TIMES: 9:00AM – 3:00pm

FEE: **REGISTRATION RECEIVED ON OR BEFORE FRIDAY, FEBRUARY 17TH**
 \$200 week / \$55 per day
AT DOOR REGISTRATION *NO REFUNDS
 \$225 per week / \$65 per day

Check or money order only: Payable to Pelham Recreation

PHILOSOPHY: Develop youth player's soccer skills through age appropriate games, activities and instruction; teach team play, communication and discipline.

DIRECTOR: Malcolm Brown, Certified Coach & Trainer
 - Klassic Soccer –Technical Director
 - The Ursuline School—Varsity Girls Coach
 - Westchester Youth Soccer League—Coaching Instructor
 - Mamaroneck Junior Soccer League (Recreation) Head Trainer

DAILY SCHEDULE:

9-9:30AM	Teaching dynamic Warm-up & Stretching
9:35-10:30AM	Teaching Soccer Skills (Drag back, Step over, etc.)
10:30AM-12Noon	Small Sided Games
12-1PM	Lunch (Children should bring their own lunch)
1:05-2PM	Contests (Fastest Kid, Juggling, Goalie Wars)
2:05-3PM	Soccer Tournament

MUD WEEK SOCCER CLINIC REGISTRATION FORM
FEBRUARY 21-24, 2012

Please Return to Recreation Office prior to FRIDAY, FEBRUARY 17TH
 SURCHARGE APPLIED FOR ALL LATE REGISTRATIONS

NAME _____ PHONE# _____ CELL# _____

ADDRESS _____ E-MAIL _____ GRADE _____

INDICATE YOUR REGISTRATION CHOICE ON YOUR CHECK:

WEEK \$200 _____

DAY \$55 EACH: TUE ___ WED ___ THU ___ FRI ___ (TOTAL\$ _____)

**Please sign Code of Sportsmanship & Hold Harmless Agreements on back of flyer

 Parent/Guardian Signature

If, due to a disability, you need an accommodation or assistance to participate in Pelham Recreation programs, please contact us at (voice) 914-738-0153 or (TDD relay) 1-800-662-1220

OFFICE USE ONLY: RECEIPT# _____ CHECK# _____ HOLD HARMLESS _____ ENTERED _____

revised 1/25/12cv

PELHAM RECREATION DEPARTMENT

PELHAM RECREATION DEPARTMENT CODE OF SPORTSMANSHIP AGREEMENT

One of the goals of the Pelham Recreation Department is to provide the youth of Pelham with a safe, fair and fun environment where they can compete in a range of athletic activities.

In order to achieve this goal, it is essential that there is total cooperation among the athletes, coaches and parents in demonstrating GOOD SPORTSMANSHIP at all times.

Under no circumstances should any spectator or outsider interfere with any of the children, coaches or officials. Any disruption of a game makes it virtually impossible to organize and instruct the children, and thus, will not be tolerated.

The spectator or outsider and child will be asked to leave the field or playing area.

So that every child benefits from a successful program, every parent of a child participating in a Pelham Recreation Department sponsored event is asked to sign this Code of Sportsmanship Agreement.

Child's Name _____ Parent/Guardian Signature _____

HOLD HARMLESS AGREEMENT

Important: This agreement contains a waiver of rights by the people signing it. Please READ IT CAREFULLY. If you have any questions or reservations about it whatsoever, please do not sign it.

This AGREEMENT entered into this ____ day of _____, 20____ by and between THE PELHAM RECREATION COMMISSION ("The Commission") and _____ (the "Participant"), or _____ and _____ (the "Parent(s) of the Participant" if he or she is under the age of 18 years.)

WITNESSETH: In consideration of the Participant being allowed by the Commission to participate in all Pelham Recreation programs to use the fields and facilities of the Town of Pelham and the Pelham Union Free School District in consideration of the covenants and representations herein made, the Participant or the Parent(s) of the Participant do hereby agree as follows:

1. The Participant or the Parent(s) of the Participant as the case may be, do hereby release and discharge and agree to hold harmless the Town of Pelham and its Town Council, The Pelham Recreation Commission, The Pelham Union Free School District and its Board of Education, and their members, officers, directors, employees and agents (including persons serving as volunteers) (Hereafter collectively referred to as "the Sponsor") individually and collectively of and from any and all liability, action, cause of action claim, demand and responsibility whatsoever in law and in equity, arising out of or in consequence of the Participant participating in the Program, or being a passenger in a vehicle provided by the Sponsor in conjunction with the Program – including specifically but without limitation injury and/or death – unless the same is caused by the gross negligence or willful misconduct of the Sponsor.
2. The Participant or the Parent(s) of the Participant specifically acknowledge the potential of risk and injury involved in participation in the Program and do hereby assume said risk and authorize the Commission or its representative to obtain emergency medical treatment for the Participant should the same be necessary during the course of the Program and should the Commission or its representative be unable to make immediate contact with the Parent(s) of the Participant. The Participant or the Parent(s) shall be responsible for the costs of said emergency treatment.
3. It is understood and agreed that the Town of Pelham, the Pelham Recreation Commission, and the Pelham Union Free School District shall not be required to maintain medical or hospitalization insurance coverage with respect to the program and those who participate in it.

(Participant) _____

Parent(s) _____
Signature

Pelham Rec. Dept. _____