



Rocket Soccer Camp

SOCCER

BOYS & GIRLS ages 4-6
Blakewood Gym 6:00-6:50 pm

Tuesdays , Feb 26; Mar 5, 12, 19
Code FS101.101 \$24R/\$34NR



Rules are simple and the action is furious and non-stop. Soccer requires no unusual physical attributes such as great size and height. This clinic is designed to introduce children to the game of soccer as well as to refine and reinforce techniques to improve speed, agility and, stamina. Emphasis will be placed on having fun and learning the fundamentals through games and drills.

Registration is now being accepted by mail or in person on a first-come, first-served basis at the South Milwaukee Recreation Department, Room #1100, 901 15th Avenue, South Milwaukee, WI 53172. Walk-in registration is possible, Monday-Friday, 8:00-4:00 PM. We are located on the east side of the High School. You may park your car in the East lot and enter the building through door #24. The Recreation Office is located just inside of door #24 and the building is labeled COMMUNITY RECREATION & FITNESS CENTER. You may also visit our website (www.smrecdept.org) and register on-line.

Instructor: Sharon Stellwagen, Blakewood PE Teacher



REGISTRATION FORM

South Milwaukee Recreation Dept.
901 15th Avenue
South Milwaukee, WI 53172
414-766-5081 or 414-766-5082
www.smrecdept.org

Register Early!

PART 1 - FAMILY INFORMATION (please print clearly)

Family Last Name: _____ First Name: _____
Address: _____ City: _____ Zip: _____
Home Ph:(____)-____-____ Business Ph:(____)-____-____ Cell Ph:(____)-____-____
e-mail address: _____

PART 2 - SIGN THE WAIVER/RELEASE

I, the undersigned, do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the School District of South Milwaukee does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the department brochure or flyers and that there is no transfer of fees allowed or refunds given unless the department changes a class. I also agree to allow publication of any photos taken of me or the participant(s) at any program, event, or facility of the South Milwaukee Recreation Department.

Participant/Parent/Guardian Signature

Date

PART 3 - PARTICIPANT INFORMATION

Participant Name	M/F	Date of Birth	Grade	Activity Name	Act Code	Fee

Special Information (i.e. medical, physical, allergies): _____

Payment TOTAL FEES: \$ _____ Check # _____ Cash _____ Money Order _____

Make checks or money order payable to the South Milwaukee Recreation Department

PART 4 - MAIL-IN REGISTRATION FORM TO THE RECREATION

Mark your calendars! We do not send confirmations. The Recreation Dept. will contact you in case a class is full, or if there is a waiting list for the program for which you registered. You may assume your registration has be processed as requested unless you hear from us. Thank you for taking the time to register.

If you are signing up for a program that involves youth practices, games, matches or meets, you must submit the CONCUSSION PARENT/ATHLETE AGREEMENT FORM at the time of registration. Concussion information and agreement form is available at the recreation dept. or on line at www.smrecdept.org