



**INDOOR ACTION SPORTS CENTER,  
1103 GATEWAY DRIVE, DAYTON, OHIO 45409**

# **SOCCERSTARSTERS**

**CHILD DEVELOPMENT PROGRAM  
OPEN ENROLLMENT...JOIN ANYTIME**

**ALL COURSES 6 WEEKS LONG \$50 - ~~CIRCLE APPROPRIATE CLASS~~**

Class Name and Age Range	6 wks on Tuesday's	6 wks on Saturday's	6 wks on Sunday's
<b>SoccerStarters 3-5 years</b>	<b>10:00am— 11:00am</b> Feb. 9,16,23 Mar. 2, 9,16	<b>10:00am— 11:00am</b> Feb. 20 ,27 Mar 6 ,20 ,27, Apr.3	<b>10:00am— 11:00am</b> Feb. 28 Mar. 7,14,21,28 Apr. 4
<b>SoccaStarz 6-8 years</b>	<b>7:30pm— 8:30pm</b> Feb. 9,16,23 Mar. 2, 9,16	<b>11:00am—12:00pm</b> Feb. 20 ,27 Mar 6 ,20 ,27, Apr.3	<b>11:00am—12:00pm</b> Feb. 28 Mar. 7,14,21,28 Apr. 4
<b>SoccaStarz 9-12 years</b>	<b>7:30pm— 8:30pm</b> Feb. 9,16,23 Mar. 2, 9,16	<b>11:00am—12:00pm</b> Feb. 20 ,27 Mar 6 ,20 ,27, Apr.3	<b>11:00am—12:00pm</b> Feb. 28 Mar. 7,14,21,28 Apr. 4
<b>GK-Starz 8-14 years</b>		<b>10:00am— 11:00am</b> Feb. 20 ,27 Mar 6 ,20 ,27, Apr.3	<b>10:00am— 11:00am</b> Feb. 28 Mar. 7,14,21,28 Apr. 4

Child's Name: \_\_\_\_\_ Boy or Girl: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have any medical problems that SoccerStarters staff should be aware of: - YES - NO

If YES please explain: \_\_\_\_\_

We, the undersigned player, parent, guardian or manager of persons listed below do hereby consent and agree that the above named person may participate in the SoccerStarters programs. We understand that injuries from soccer or other indoor sport are not uncommon, and it is agreed that SoccerStarters assumes no legal liability for injury or loss as a result of such participation. The undersigned agrees to indemnify and hold harmless SoccerStarters, agents, board of directors, volunteers, coaches, referees and shareholders. From any claim arising from my participation or that of my children in SoccerStarters activities. No one is permitted to play unless they have completed this release.

Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send applications and payment to Action Sports Center:**

**Action Sports Center  
1103 Gateway Drive,  
Dayton, Ohio, 45404**

- Make checks payable to Action Sports Center

Credit Card Authorization (if paying by credit card)  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Charge my: Master card or Visa (circle one)  
Acct # \_\_\_\_\_ Exp Date \_\_\_\_\_