

Super Soccer Stars - Spring 2015

Soccer Programs for Kids ages 2 years - 5 years old

Tuesday afternoons at Payson Park - May 5th - June 16th

Seven Classes

2 - 3 year olds - 3:00 - 3:40pm

3 - 5 year olds - 3:50 - 4:35pm

Cost: \$140 (7 classes)



Checks Made Payable to Super Soccer Stars

Super Soccer Stars Class (ages 2-3/ages 3-5) - At Super Soccer Stars, we use the soccer ball as the vehicle to help children not only improve their soccer skills, but also develop self-confidence, improve gross motor skills, hone socialization skills and more. Dynamic, local and international coaches work with small groups of boys and girls to develop these skills and a sense of self-confidence and teamwork in a fun, non-competitive, educational environment.

Staff - All Super Soccer Stars coaches share two passions: a passion for soccer and a passion for working with children. Within this framework, our coaches bring an eclectic mix of talents and backgrounds. Collectively, they are artists, musicians, teachers, students and more. Many come from the hotbeds of soccer - Brazil, Italy, Argentina - while others come from lands as exotic as ... Charlestown. Such diversity allows each coach to bring a unique patience, energy, and creative flair to every class.

Checks Made Payable to: Super Soccer Stars: \$140

Mail to: Belmont Recreation, PO Box 56, Belmont MA 02478

Name: _____

Address: _____ Phone Number: _____ DOB _____

Emergency Phone _____ Email: _____

Please circle what class you want to attend:

2-3 year olds

3-5 year olds

I, the undersigned, waive Belmont Recreation Department and Super Soccer Stars of all liability for any injuries, illnesses or loss of property while at Belmont Recreation Department's and Super Soccer Stars programs. In the event that I/my child should require any minor medical or surgical treatment and/or medication during Recreation Department programs, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take me/my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of myself/my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted by telephone for permission.

Parent Signature (if under 18) _____ Date _____

The Recreation Commission has a **ZERO TOLERANCE POLICY** for misconduct by a participant or parent while at a Recreation Dept. program or facility. Any person who willfully disregards Recreation Commission policies may have their membership/participation privileges revoked.