



BOOTERS SOCCER

For 5-8 Year Old Boys and Girls.

Your child will learn soccer skills in a high-energy fun environment from our professional staff. They will increase skills as well as confidence.



Visit: www.clevelandwhitecaps.com for more information or to register online.

WINTER 2009 - 2010 SCHEDULE:

Practice: Tuesdays 6:00 to 7:00 pm at the Independence Field House: 6354 Selig Drive, Independence, Oh 44131. Starting Oct 27. (No Practice Nov 3 due to Elections)

GAMES: Saturdays at 1:00PM or 2:00PM. Six games per session held between three facilities. Two games at each facility (North Olmsted, Multiplex, Lost Nation)

TWO 8 WEEK SESSIONS. SIGN UP FOR ONE SESSION OR BOTH

- **SESSION ONE:** Tuesdays: NOVEMBER 3rd THRU DECEMBER 22nd
- **SESSION TWO:** Tuesdays JANUARY 5TH THRU FEBRUARY 23rd
- **Cost Per Session:** Practice Only (\$80 per session), Practice & Games (\$155 per session)

What to bring: Soccer ball (size 3), water, shin guards, indoor soccer shoes.

FOR MORE INFORMATION PLEASE CALL 216-901-1227 OR
Email: clevewhitecaps@msn.com or Visit www.clevelandwhitecaps.com

Booters Program Registration Form

Mail to: Booters, c/o Cleveland Whitecaps, 7239 Forestwood Dr. Ste. 1, Independence, OH 44131, register on line at www.clevelandwhitecaps.com

Player's Name _____ Birth Date _____

Parent's Names _____ Phone _____

Address _____ City _____

Zip _____ Email _____

REGISTERING FOR:

SESSION ONE: Practice Only _____ or Practice & Games _____

SESSION TWO: Practice Only _____ or Practice & Games _____

TOTAL ENCLOSED: \$ _____

(If you prefer to pay by credit card please visit our website at www.clevelandwhitecaps.com)

EACH PLAYER WILL RECEIVE A T-SHIRT, Please circle your size below:

YOUTH SMALL YOUTH MED YOUTH LARGE ADULT SMALL

Payment is due with registration.

Parents please read and sign: I verify that my child is covered by medical insurance and that he/she has been checked by a physician and is physically able to participate in soccer activities. I understand that playing soccer has a risk of injury. I release The Cleveland Whitecaps, its employees, officers, agents and hosting facilities from any liability, which may occur while my child is participating.

Signature: _____ Date: _____