



# Blue Wave Kickers Fall Tiny Tots



This will be run by Jon Bradley, Coaching Director of the Darien Soccer Association (DSA), Girls Varsity Soccer Coach at Darien High School and Director of the Blue Wave Kickers Soccer Academy. Working alongside Jon will be various high level DSA coaches. Tiny Tots, for 3, 4 and 5 year olds, will engage your child in physical activity while developing their motor skills and very basic soccer skills. This will be done by engaging the children in fun imaginative games that will help build confidence and self esteem. The activity will always be non-competitive and entertaining for your children.

**Important! Be sure to check the website at [www.bluewavekickers.com](http://www.bluewavekickers.com) before the first day for possible changes in weather cancellations.**

**Dates:** Monday, September 13, 20, 27 October 4, 18, 25 November 1, 8

**Time:** 10:00-10:45 or 12:45-1:30

**Location:** BreakThru Family Fit 4 Life

**Tuition:** \$160

**Equipment:** Bring a drink for water breaks.

----- Keep the upper part so you have the dates -----

Name:		Parent Names:	
DOB:		Home Phone:	
Address:		Emergency Phone:	
City, State, Zip:		Email:	

Choose one:

- 10:00—10:45       12:45—1:30

**Checks Payable to:** Blue Wave Kickers  
**Mail to:** 112 Prudence Drive, Stamford, CT 06907  
**Email:** [jon@bwksoccer.com](mailto:jon@bwksoccer.com)  
**Phone:** 203-550-6589

### MEDICAL WAIVER

As parent/guardian of the above player, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical play at soccer camp. I agree to hold harmless BWK and its agents and employees and hereby release them from any liability on account of injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse BWK for expenses incurred by them, their agents and employees on account of medical insurance ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.

**Parents Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_