

Mission Soccer Club After School Program

Dear Central Elementary School Parents,

The Mission Soccer Club is pleased to announce the following After School Soccer Program being offered at Central Elementary School.

Program Day	Grade	Time	Program Dates
Monday	K-1-2-3-4	2:30-3:30	September 16, 23, October 7, 21, 28, 4

The MSC After School Program is led by trained technical staff from the MSC. Training will include age and stage of development appropriate games that help players improve physical literacy, ball mastery and peer cooperation. Training will consist of an activation activity, soccer related games, and small sided games. An example day is below:

- i) Arrival Games
- ii) Freeze Tag
- iii) Ball Manipulation
- iv) Red light- Green Light
- v) 1V1's
- vi) 3V3, 4V4 or 5V5 Games

The fee of the program is \$30 per student. To register you will need to complete the form below and return it to your school office. Families will receive a confirmation email once all registrations are collected. Payments can be made by e-transferring the funds to treasurer@missionsoccerclub.com. contact Graham Thompson by phone or email at the details below.

Players must dress appropriately for physical activities and the weather. We will play in the rain! Players can wear soccer cleats or runners and must bring a water bottle.

Thank you,
Graham Thompson
Technical Director
td@missionsoccerclub.com
778-245-0787

Complete the form below and return to school office by: Friday, September 13

Mission Soccer Club - After School Program

Student's Name:

Grade [X]: (K) (1) (2) (3) (4)

Medical Information: *Please provide information the coach should be aware of when working with your child.*

Accidents can be the result of the nature of the activity and can occur with or without any fault on the part of the student, the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child. I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

Parent's Name

Parent's Signature

Phone #

Email