



CSA --DEVELOPMENTAL SOCCER CLINICS

Winter 2017

Sponsored by the Town of Southeast - Recreation Department

ALL PLAYERS GET A Uniform with full payment

Programs: *Please register early. 14 maximum / Class – 10 weeks Program*
Full classes / Availability will be updated every Monday on our website below.

Little feet (5 - 6yrs Only) Cost \$199. 2 Classes – 14 Players Max

Monday: 5:30 to 6:30pm – Open	Friday: 5 to 6pm– Open	
Jan 2, 9, 23, 30	OR	Jan 6, 13, 20, 27
Feb 6, 13, 27		February 3,10, 17
March 6, 13, 20		March 3, 10, 17

Young Kickers (7 - 9yrs Only) Cost \$199. 2 Classes – 16 Players Max

Monday: 5:30 to 6:30pm – Open	Friday: 5 to 6pm– Open	
Jan 2, 9, 23, 30	OR	Jan 6, 13, 20, 27
Feb 6, 13, 27		February 3,10, 17
March 6, 13, 20		March 3, 10, 17

Junior Kickers (10 - 13yrs) Cost \$199. 2 Classes – 16 Players Max

Monday: 5:30 to 6:30pm– Open	Friday: 5 to 6pm– Open	
Jan 2, 9, 23, 30	OR	Jan 6, 13, 20, 27
Feb 6, 13, 27		February 3,10, 17
March 6, 13, 20		March 3, 10, 17

CSA Advance Training (Travel Team Players U15-U17 Co-ed) Cost \$199.

Tuesdays: 5:30 to 6:30pm – Open
Jan 3, 10, 17, 24, 31 February 7,14,
28 March 7, 14

For more information's and program details, please visit our website:

www.chrisobiacademy.com Phone 845-282-0334 or

Town of Southeast Rec Dept: Phone 845-279-3915

You can also Text Chris Obi at 845-282-0334 or email chris@chrisobiacademy.com

DEVELOPMENTAL SOCCER CLINICS Winter 2017

Please register early.

Please circle program/days desired:

Little Feet – U6 Mon (5:30) Fri (5pm)

Young Kickers – U9 Mon (5:30) Fri (5pm)

Junior Kickers – U12 Mon (5:30) Fri (5pm)

CSA Travel Advance U15 -U17 Tue (5:30pm)

Program: _____ Day: _____ Circle M /F

Name: _____ Team _____

Address: _____ City: _____ Zip _____

Parent / Guardian#: _____ Cell #: _____

School: _____ Grade (presently in) _____ Age: _____ DOB _____

Fee: _____ Cash: Check:

Emergency Contact: _____ Phone _____

EMAIL ADDRESS: _____

_____ has my permission to participate in the CSA / Southeast Recreation Program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do here by waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the coach of any medical/physical condition that could limit adult and child's participation or that requires special attention.

SIGNATURE: _____



Chris Obi Soccer Academy
Phone or Text: 845 -282-0334
Fax: 845-279-1722
WWW.CHRISOBIACADEMY.COM