

First Kicks

Summer 2010

First Kicks is all about having fun playing soccer. It is an excellent program to introduce your child to the wonderful sport of Soccer. The program allows children aged 2.5 to 5 years to learn about Soccer through fun and exciting games such as:

- Traffic Lights
- Soccer Potato
- Sleeping Giants

Classes: 2.5 -3 year olds
3-4 year olds
4-5 year olds
5's advanced

Locations: Maplewood and Short Hills



First Kicks Soccer

Coach Nathan is currently in his eighth year coaching Soccer to children 3,4 and 5 years of age.

Registration Form for First Kicks

First Kicks LLC
56 Larkin Circle
West Orange, NJ 07052
201-993-7865

Maplewood- Maplecrest Park

2.5 - 3 year old classes **Fee = \$130** (30 mins)

FK 1: Tuesdays 9am (June 22,29 July 6,13 August 3,10,17,24)

FK 2: Thursdays 9am (June 24 July 1,8,15 August 5,12,19,26)

3 - 5 year old classes **Fee = \$150** (45 mins)

FK 3: Mondays 4pm (June 21,28 July 5,12,19 August 2,9,16,23,30)

FK 4: Tuesdays 10am / 4pm (June 22,29 July 6,13 August 3,10,17,24)

FK 5: Wednesdays 4pm (June 23,30 July 7,14 August 4,11,18,25)

FK 6: Thursdays 10am (June 24 July 1,8,15 August 5,12,19,26)

FK 7: Fridays 4pm (June 25 July 2,9,16,30 August 6,13,20)

FK 8: Saturdays 9am/10am (June 26 July 10,17,31 August 7,14,21,28)

FK 9: Sundays 10am (June 27 July 11,18 August 1,8,15,22,29)

Advanced 5 year old classes **Fee = \$150** (45 mins)

FK 10: Mondays 5-6pm (June 21,28 July 5,12,19 August 2,9,16,23,30)

FK 11: Saturdays 11am (June 26 July 10,17,31 August 7,14,21,28)

Short Hills-Short Hills Park **Fee = \$150** (3-5 yrs)

FK 12: Tuesdays 1pm (June 22,29 July 6,13 August 3,10,17,24)

FK 13: Thursday 1pm (June 24 July 1,8,15 August 5,12,19,26)

FK 14: Sundays 11am (June 27 July 11,18 August 1,8,15,22,29)

In order to do the advanced 5 year old class, you must first have completed one 6 or 8 week term of First Kicks Soccer classes

Pro-rating is available on all summer classes, with a minimum of 6 weeks

Please state day and time of program choice:

FK _____ Time _____

To apply

- * Fill out the application form
- * Make check payable to: **First Kicks LLC**
- * Mail to : First Kicks
56 Larkin Circle.
West Orange, NJ 07052

www.coach-nathan.com

Child's Name: _____
Home Address: _____
City: _____
State/Zip: _____
Birthday(MM/DD/YY): _____ AGE: _____
Parent # 1: _____
Telephone (H): _____
Telephone (c): _____
E-mail: _____
Parent # 2: _____
Telephone (H): _____
Telephone (c): _____
E-mail: _____
Child's Health Insurance: _____
Company: _____

The above applicant is in good health and has my permission to participate in this program. In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital. I hereby release Nathan Davies from all liabilities from any injury or illness incurred at First Kicks.

Parent Signature _____
Date _____

