

The Brewster Central School District neither sponsors nor endorses this event or organization. This information is distributed in line with the District's policy to provide information regarding activities of general public interest which promote the education or other best interests of the students. Questions regarding this event or activity should be directed to the organization, not the District.

Chris Obi Soccer Academy



CSA --DEVELOPMENTAL SOCCER CLINICS

Summer 2021

Sponsored by the Town of Southeast - Recreation Department

Location: **Brewster High School (field next to track)**
Gym is inclement weather

Weeks: **August 2, 3, 4, 5, 6**
August 9, 10, 11, 12, 13

Time: **9:00 am to 12:00 pm**

Who: **Junior Kickers - (5-1/2-9yrs)**
Master Kickers - (10-15yrs)

Players will be grouped accordingly

****Register and Pay by June 20 - \$165 After June 20 - \$175****
(payable to Town of Southeast)

For more information's and program details, please contact:

Town of Southeast Rec Dept: Phone 845-279-3915 / email: recreation@southeast-ny.gov

Registrations can be mailed, emailed or dropped off at:

Town of Southeast / 1 Main Street / Brewster, NY 10509

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CSA DEVELOPMENTAL SOCCER CLINICS SUMMER 2021

- **WAYS TO REGISTER:**

Pick and drop off at Town of Southeast – Rec Dept. 1 Main Street, Brewster NY. 279-3915

****Make checks payable to Town of Southeast**

Registration form may be emailed, mailed or drop off at:

Town of Southeast Recreation Department

1 Main Street Brewster NY 10509

Email to: recreation@southeast-ny.gov and call with payment

Please register early.

Program: _____

Circle: Male/Female

Name: _____ Team _____

Address: _____ City: _____ Zip _____

Parent / Guardian#: _____ Cell #: _____

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

DOB: _____

Fee: _____ Cash: Check:

Credit Card (no Amex) #: _____

Expiration: _____ Security Code: _____

Beginning September 2017 all programs will be subject to a 2% processing fee for all credit card payments.

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 n 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: _____

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