

# LYA

## 3-DAY SUMMER SOCCER CLINIC

*At the Lee High School Soccer Field*



Grades K-4

Monday , Tuesday and Wednesday

August 12, 13 and 14th

5:00-6:30

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Grade( entering) \_\_\_\_\_

**T-Shirt Size-** YS, YM, YL, S, M, L, XL

**LYA Camp Fee : \$45**

Drop payment and application off at LYA or mail to :

Lauren Finnegan

30 Pine Ridge Dr.

Lee, MA 01238

**Contact Information:**

**Lauren Finnegan**

**lbfinnegan@leepublicschools.net**

## Soccer Clinic-

This soccer clinic is offered for boys and girls looking to advance their soccer skills and knowledge to compete at the next level. The clinic will work with beginning through intermediate players to develop both individual and team skills. Knowledge and game tactics will also be covered. This is a great opportunity for pre-season training and development.

### **Field:**

The clinic will take place on the Lee Middle/High School campus. Those attending the LYA Summer Rec Program will have Soccer Clinic Counselors walking them to and from the field.

### Please Bring:

- Cleats
- Sneakers
- Water Bottle
- Sun Screen

### \*\*\*Required\*\*\*

I, the parent/guardian of the above named camper, understand and accept the condition that no one associated with the camp will assume any responsibility for accidents and medical expenses as a result of participating in the camp. The applicant is in good health and is able to participate in the physical activity of the rigorous program. I hereby authorize the director of the camp to act in an emergency requiring medical attention for my son/daughter.

Parent/Guardian Signature:

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Date:

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