

Belle-Clair “Mighty Mites” 2010 Indoor Soccer Program

The Metro East Power Haus is proud to sponsor the Belle-Clair “Mighty Mites” soccer program. This program is for 4 & 5 year old boys & girls.

About the Program . . .

The goal of Belle-Clair’s “Mighty Mites” soccer program is to allow these young players the opportunity to explore the game of soccer. The games and activities demonstrated in each session are designed to develop basic soccer movements, with and without the soccer ball. All will experience a “Fun” & “Healthy” learning environment.

About the Director . . .

Dave Fernandez is the Director of the Belle-Clair Soccer Program. He is nationally recognized for his ability to teach and demonstrate soccer skills and techniques to aspiring young players of all ages. He has been a director of player development and youth soccer coach for 24 years. As an educator of the game and skills clinician, he has been called upon repeatedly to demonstrate his dynamic teaching methods and unique ability to communicate with young players and make them all feel good about their efforts.

Program information . . .

This program will consist of 12 sessions, (six (6) Thursday dates & six (6) Saturday dates). Each participant will receive a “Mighty Mites” program T-shirt.

Where: Metro East Power Haus Indoor Facility—Columbia, IL

Thursday Dates: November 4th, 11th, 18th, December 2nd, 9th, 16th—**Time**—5:30pm

Saturday Dates: November 6th, 13th, 20th, December 4th, 11th, 18th—**Time**—9:00am

Program Cost: \$135.00 (All participants must bring a soccer ball to each session (size 3 preferred))

*** If this program exceeds a specific number of participants, a second session will be added onto the Thursday & Saturday scheduled dates in order to accommodate these additional participants. The additional sessions will be on Thursdays at 6:15pm & Saturdays at 9:45am. These participants will be contacted about their placement in the added sessions. ***

Please fill out the information below and mail it in with full payment made out to: Belle-Clair Soccer
P.O. Box 20006
Belleville, IL 62226

-----Registration Form-----

Name _____ Age _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Parents’ Name _____ Cell Phone _____

E-mail Address (please print clearly) _____

I certify that my child is in normal health and capable of participation in this soccer program. I further understand that participation in this soccer program involves risk and possible injury and represent to Belle-Clair Soccer Program and Metro East Power Haus that my child has medical health insurance to cover any injuries sustained as a result of participation in this soccer program. It is agreed that the Belle-Clair directors and/or staff or Metro East Power Haus assume no liability for injuries sustained as a result of participation in this program. I authorize the Belle-Clair soccer staff or Metro East Power Haus personnel to secure emergency medical treatment should my child require it.

Parent (Guardian) Signature

Date