



SUMMER SOCCER

WSA Future Super Stars



"A fun way for children to learn about playing!"

This is an evening, five-week program designed to introduce healthy activities, with a focus on soccer, for preschoolers (3, 4 & 5 year olds) in a fun, safe, and exciting way. The instructor has a strong background in soccer and youth development. Fun games are used to introduce basic skills and enhance a child's social, physical, and mental development. Parents are required to stay on site for sessions and may be asked to participate.

Your child will receive instruction at the WSA Soccer Facility located at 865 Publishers Parkway, Webster.

(Sessions will be outside. If inclement weather arises, session will be inside facility.)

The cost is \$50 per session.

Make checks payable to: Webster Soccer Association (non refundable)
Registration is by mail: WSA, PO Box 164, Webster, New York 14580

Instructor: Amanda Prosser

Coach Amanda is a kindergarten teacher and freshman soccer coach in the Webster Central School District. She is also a head coach of a Girls Under 12 WSA team. This will be her second year managing the WSA Future Super Stars program. Coach Amanda has Bachelor's degrees in Education and Special Education, and a Master's degree in Literacy. Her soccer career includes both school and club soccer in Webster and four years at Nazareth College. She currently holds an "E Certification" from the U.S. Soccer Federation.

Session 1	Monday	June 28, July 5, 12, 19, 26	5:30 – 6:15 pm	3 year olds
Session 2	Monday	June 28, July 5, 12, 19, 26	6:30 – 7:15 pm	4-5 year olds
Session 3	Monday	August 2, 9, 16, 23, 30	5:30–6:15 pm	3 year olds
Session 4	Monday	August 2, 9, 16, 23, 30	6:30–7:15 pm	4-5 year olds

(For questions, please contact WSA at wsa1@webstersoccer.com or (585) 671-7730)

WSA Future Super Stars

Registration Form Evenings

Please check all sessions you wish to attend:

Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____

Child's Name: _____

Address: _____

DOB: _____ Parent's Name: _____

Email: _____ Phone: _____

In case of emergency contact: _____ at

Waiver: *In case of an emergency requiring medical attention, I hereby authorize the staff at the Webster Soccer Association to act for me according to their best judgment. I hereby waive and release Sports Association Webster and WSA, its directors, officers and staff from any and all liability for any injury or affected illness incurred at the camp. I have no knowledge of any physical impairment that would endanger the above named child from participating in this activity.*

Parent's Signature _____

Date _____

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