

DTS Junior Academy (Ages 5-6)



Bridgewater-Raritan residents... Is your child interested in club soccer but not sure how and where to start? The Dutch Total Soccer (DTS) coaches will teach your child the necessary skills that will help them improve as a soccer player! Players will develop the skills needed in a competitive game and will; therefore, take a step ahead of the competition. This class will focus on the fundamentals of the sport such as the right technique to pass, dribble & shoot. **PLAYERS AGES 5-6.**

Session #2 – Winter (50 Minute Class):

\$200: Wednesday - 5:00pm-5:50pm – January 23rd, 30th, February 6th 13th 20th, 27th, March 6th, 13th

\$200: Friday - 5:00pm-5:50pm – January 25th, February 1st, 8th, 15th, 22nd, March 1st, 8th, 15th

\$200: Saturday – 8:50am-9:40am – January 26th, February 2nd, 9th, 16th, 23rd, March 2nd 9th, 16th

\$200: Saturday – 11:00am-12:00pm – January 26th, February 2nd, 9th, 16th, 23rd, March 2nd 9th, 16th

\$200: Monday - 5:00pm-5:50pm – January 28th, February 4th, 11th, 18th, 25th March, 4th, 11th, 18th

All classes are held at **Soccer Centers** (300 Memorial Drive) in Somerset, NJ just a half mile off exit 12 off of Route 287. For more information about Soccer Centers visit www.SoccerCenters.com.

Cost - \$200 Per Player

Make checks payable to “Soccer Centers”. Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department. When signing up for more than one session or child, separate checks and registration forms are required.

Three ways to register!

- 1) In person at the Bridgewater Recreation Department (Municipal Building – 100 Commons Way - Bridgewater) 9am to 5pm Monday to Thursday 8am to 5pm Fridays,
- 2) Drop registration off in the “REC” mail slot located on Municipal grounds before or after office hours
- 3) Via postal service.

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2019 Winter - DTS Junior Academy

\$200 - Checks payable to “Soccer Centers”

Last Name (Participants)			First Name			Gender		
Mailing Address			Town			State		Zip
Home #			Cell # Parent			Work # Parent		
Email Address			Age & Date of Birth			Session # & Day & Time		

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.

Yes, I will need to be notified regarding special considerations for my child.

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family’s medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

_____/_____/_____
Parent/Guardian Signature Date