



# **Winter Soccer Clinics**

## **for Elementary, Jr. High & Sr. High age players**

By Premier Coaching

**What:** Winter Soccer Clinics For Junior High & High School

**When:** Winter Clinic #1 (6 - 2 hour sessions) November & December  
(Every Friday from 3:30-5:30) Nov.: 6, 13, 20 Dec.: 4, 11, 18

Winter Clinic #2 (6 - 2 hour sessions) January & February  
(Every Friday from 3:30-5:30) Jan.: 8, 15, 22, 29 Feb.: 5, 12

**Where:** Redding Soccer Park (rain, snow or shine!) Winter Soccer Clinics

**Why:** Fun! Improve your soccer game during winter months

**Cost:** \$65 Soccer Clinic (if registered 2 weeks prior) \$75 if not..

**Bring:** Soccer ball, shin guards, water and a lot of heart!

*Director Information:*

*Chris Holt is the Varsity Head Soccer Coach at Redding Christian High School.*

*Prior to his time in Redding, Chris Holt spent over 10 years of his youth traveling around the world playing soccer for the state, western regional and national champion soccer team, the NHB Untouchables. He went on to receive a soccer scholarship at Westmont College and was a starter for the final four national finalists.*

**Learn more about Chris Holt and his programs at [www.reddingkids.com](http://www.reddingkids.com)  
Sign up with this flyer or download at [www.reddingkids.com](http://www.reddingkids.com)**

**Coach Chris Holt, Director - cell 530-605-6063**

**email: [christopherholt15@gmail.com](mailto:christopherholt15@gmail.com)**

# Winter Soccer Clinic Registration Form

[www.reddingkids.com](http://www.reddingkids.com)

Complete this form and send it along with your check of **\$65 for 6 Clinic Fridays**

(if paid 2 weeks prior) or **\$75** (if paid ON or AFTER Jan. 1, 2009).

Please make check payable to **Chris Holt** and send to

**P.O. Box 993922, Redding CA 96099**

## Player Information

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

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Email address(es): \_\_\_\_\_

Phone numbers:(home) \_\_\_\_\_ (cell): \_\_\_\_\_

(business): \_\_\_\_\_

School player attends: \_\_\_\_\_ Current

grade: \_\_\_\_\_

## Insurance Information

Holder's name:

\_\_\_\_\_

Company: \_\_\_\_\_ Phone

number: \_\_\_\_\_

## Medical Information

Emergency Contact Person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current medications:

\_\_\_\_\_

**Medical limitations:**

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**Please Read and Sign**

*I hereby authorize the director and staff of reddingkids.com soccer and C. Holt Athletics to act for me according to their best judgment in any situation requiring medical attention for my child/minor. I hereby release, exonerate and discharge reddingkids.com. My son/daughter is healthy and capable of participating in this sports clinic. I will be responsible for any medical charges incurred and agree to the conditions of this agreement.*

**Parent Signature:**

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