



Big O's Athletics SOCCER



AGES:

Boys & Girls ages 4 to 10; (ages as of August 1, 2023)

INSTRUCTOR/COACH: Coach Oscar Sanchez

PROGRAM: Players will practice once a week and play against other schools on Saturday mornings.

DATES: Tues, September 12, 2023 thru Saturday, January 13, 2024 (13 week program)

SEASON FEE (13 weeks): \$200.00 (includes one practice and one game per week, soccer shorts, shirt, socks, shin guards and a Medal. **CHECK MUST BE MADE PAYABLE TO:** Oscar Sanchez

PRACTICES & GAMES:

~ **TEAM "A": VPK & KINDERGARTEN** (*Team maximum: 15 players*)

- Practice on **Fridays** from **3:30 to 4:30 p.m.** at **Highpoint Academy**
- Games every **Sat** at **9:00 a.m.** at **Conchita Espinosa** or **Southern Estates Park** (adjacent to Highpoint)

~ **TEAM "B": 1st and 2nd Grade** (*Team maximum: 15 players*)

- Practice on **Fridays** from **4:30 to 5:30 p.m.** at **Highpoint Academy**
- Games every **Sat** at **10:00 a.m.** at **Conchita Espinosa** or **Southern Estates Park** (adjacent to Highpoint)

~ **TEAM "C": 3rd, 4th and 5th Grade** (*Team maximum: 15 players*)

- Practice on **Tuesdays** from **4:00 to 5:30 p.m.** at **Highpoint Academy**
- Games every **Sat** at **11:00 a.m.** at **Conchita Espinosa** or **Southern Estates Park** (adjacent to Highpoint)

IMPORTANT: Entry is through **32nd Terrace** (rear of our soccer field.) **Parking allowed ONLY in Park's Lot, not by the street. All players must be scanned out prior to going home. There will be no access to the rest of the Campus during practice; gates will be locked.**

SOCCER REGISTRATION FORM & DISCLAIMER

STUDENT'S NAME: _____

Date of Birth: _____ **Age:** _____ **Grade/Level:** _____

Parent/Legal Guardian's Name: _____

Mom's Cell Ph.: _____ **Dad's Cell Ph.:** _____

E-Mail Address: _____

____ Please register my child for "BIG O's ATHLETICS SOCCER PROGRAM". I understand that this program is organized and operated by Coach Oscar Sanchez, not by Highpoint Academy. Highpoint Academy, Inc., its owner/ directors, employees and volunteers are NOT responsible or liable for any accidents or injuries occurring during this extra-curricular athletic activity, regardless of where activities are taking place. I understand that insurance IS NOT included in the fees. I certify that my child is physically/mentally fit to participate in this optional activity.

Date: _____ **Signature of Parent/Legal Guardian:** _____