



SOCCABILITY

EDMONTON FALL SOCCER PROGRAM



“MONDAY NIGHTS AT ST JOES”

**Grassroots Soccer
“Where it all Begins”**



SOCCABILITY Fall Program

SOCCABILITY is seeking more players to join them, keep active and have fun playing soccer this Fall. Offering a soccer coaching and game based program, SOCCABILITY provides a soccer first program for players of all ages, impairments and abilities. Each session will have age split programming for the players u6-u12 and u12 and above, so bring some friends and get some action with SOCCABILITY.

Our coaches are soccer qualified coaches with specific experience in supporting individuals with a disability.

LOCATION: St Joseph High School. 10830 109 Street, Edmonton, AB T5H 3C1

FALL SOCCABILITY PROGRAM DATES: Monday's 6.30-8.00pm.

Sept 23 Oct 7, 21 Nov 4, 18 Dec 2, 16

PROGRAM FEES

SOCCABILITY \$60 for 7 week program booked online

Per Session rate is \$10.00 with registration form

To book a program please visit www.albertasoccer.com under the *Player* tab for Soccability.

COMMUNITY ENGAGEMENT: Alberta SOCCABILITY is keen to support school and community programs, offering a two hour workshop and clinic that is tailored to meet the group needs. This may include coach instruction or player development. If you would like further information about SOCCABILITY Community Engagement please contact:

John Clubb ASA Provincial southcoach@albertasoccer.com

Phone: 587-435-5611





SOCCABILITY

FALL PROGRAM PER SESSION PAYMENT REGISTRATION

Player Name: _____ Address: _____

Postal Code: _____ Telephone No: _____ Cell No: _____

Email: _____ Alternate email: _____

Alberta Health Care No: _____ Date of Birth: _____

Name of Parent, Guardian or Caretaker: _____ Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Please describe the nature of the athlete's disability to assist the coaches in determining the best approach for training: _____

State any medical or behavioral details about the player you consider relevant for the coaches to know: _____

List any prescribed medications the player may be required to self-administer during program hours: _____

I hereby authorize that in the case of an emergency a supervisory member of staff is permitted to contact 911 Emergency Services:

Player Signature _____

Signature of Parent/Guardian _____ Date: _____

This form is strictly to be used for SOCCABILITY session payments. Each session paid directly to a coach is charged at \$10.00 per session. Any cheques should be made payable to Alberta Soccer Association.

PER SESSION PAYMENT

I Hereby acknowledge payment for the following _____ (number) of Soccability sessions.

Cheque # _____ Amount: \$ _____ Name on Cheque: _____

Payee Name: _____ Player Name: _____

Contact number _____

