



AFTER SCHOOL SOCCER WITH COACH THOMAS KLOSS



COMMUNITY SCHOOL OF NAPLES

**PK3 - 4TH GRADE STUDENTS
MONDAY & (OR) WEDNESDAY
3:15 PM - 4:30 PM
AUGUST 23 - OCTOBER 14
LOWER SCHOOL PLAYGROUND**

\$249 for once a week, \$459 for twice a week
make checks payable to Thomas Kloss

Community School of Naples is offering the after school soccer program for current CSN students looking to ignite a love for sports, learn life lessons, and build strong personal character. During the eight weeks, CSN students will stay active after school while improving motor skills, speed, agility, focus, balance, confidence, strength, and coordination. Research proves that children who are physically active perform better in school, have stronger self-esteem, and are more productive. During the clinic sessions, students will have fun, grow, and develop individually as an athlete in addition to working with fellow teammates on the importance of teamwork, sportsmanship, and what it means to be a team player through hard work, patience, and dedication. Coach Thomas Kloss has played at the highest level of professional men's soccer (1st division, Eintracht Frankfurt) for over 15 years in Germany. He coaches the varsity boys soccer team at Community School of Naples and currently runs a youth league. Coach Thomas Kloss is a certified Youth Fitness Trainer, Personal Trainer, Speed and Agility Trainer, and Health Coach.

Players Name: _____ Grade: _____
Teacher Name: _____
(Please Check Any and ALL) Attending: Monday _____ Wednesday _____
Emergency Contact Name: _____ Emergency Contact Number: _____

I hereby release Jenna R Kloss, Thomas C Kloss & Community School of Naples, its director, and its instructors from liability from injury, illness, or death suffered by my child in connection with this camp. Should my child suffer from an injury or from an illness, I authorize the coaches to use their discretion to have him transported to a medical facility, and I take full responsibility for this action. My child is in good physical condition to participate.

Signature (Parent or Guardian) _____ Date _____

PLEASE CONTACT JENNA KLOSS WITH ANY QUESTIONS 610-368-2151 OR
JKLOSS@COMMUNITYSCHOOLNAPLES.ORG