



# DYNAMO HOLIDAY WINTER CAMP

1<sup>st</sup> Players Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Boy / Girl

2<sup>nd</sup> Players Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Boy / Girl

Address: \_\_\_\_\_ City \_\_\_\_\_ TX Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Training will be at:  
Bicentennial Soccer  
Fields  
2001 Fern Ave

**Please initial each one: NO REFUNDS NO CREDIT FOR MISSED OR SKIPPED SESSIONS**

I, the undersigned, release Mcallen Youth Soccer Association, Dynamo Irs and associated personnel from liability due to injury or losses incurred while at training.

Name of Parent: \_\_\_\_\_ (please print)

Signature of Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Players need to bring: soccer ball/water/soccer shoes/shinguards

Ages 3-8  
9:00-10:00am  
Session 1:  
Dec 22,23,24,26  
\$30.00

Ages 3-8  
9:00-10:00am  
Session 2:  
Dec 29,30,31, Jan 2  
\$30.00

Ages 9-18  
9:00-11:00am  
Session 1:  
Dec 22, 23, 24, 26  
\$45.00

Ages 9-18  
9:00-11:00am  
Session 2:  
Dec 29,30,31,Jan 2  
\$45.00

Ages 3-8	<b>Office Use only:</b>	Ages 9-18
Session 1:\$ _____	Session 2:\$ _____	Session 1:\$ _____ Session 2:\$ _____
Received payment by: _____		Date: ___/___/___
Method of payment: (circle one)		
Cash	Check# _____	Visa    MasterCard    American Express    Discover

**MYSA 4311 N. 10<sup>TH</sup> ST. STE A MCALLEN TX 78504 956-631-0431 Fax 956-631-9514**  
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