



DYNAMO JRS TRAINING ACADEMY



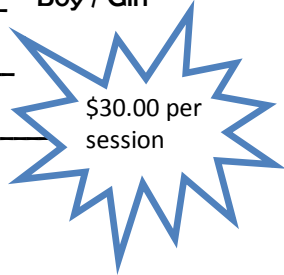
1st Players Name: _____ Date of Birth: ___/___/___ Age: _____ Boy / Girl

2nd Players Name: _____ Date of Birth: ___/___/___ Age: _____ Boy / Girl

Address: _____ City _____ TX Zip _____

Cell Phone: _____ Cell Phone: _____

Email: _____ @ _____



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

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

Name of Parent: _____ (please print)

6:00-7:00pm

Signature of Parent: _____ Date: ___/___/___

Ages: 3-12
years Boys and
Girls

All training will be at De Leon Soccer Fields 29th/Nolana
Players need to bring: Size #3 soccer ball/water/soccer
shoes/shin guards

Session 1: Sept 8, 15, 22, 29

Session 2: Oct. 6, 13, 20, 27

Session 3: Nov 3, 10, 17, Dec 1

**3 Year olds: We will ONLY take 12 players per session*

Office Use only:

Session 1:\$ _____ Session 2:\$ _____ Session 3:\$ _____

Received payment by: _____ Date: ___/___/___

Method of payment: (circle one)

Cash Check# _____ Visa MasterCard American Express Discover

MYSA 4311 N. 10TH ST. STE A MCALLEN TX 78504 956-631-0431 Fax 956-631-9514
www.mysasoccer.com mcallenyouthsoccer@hotmail.com