

DYNAMO JRS TRAINING ACADEMY



Date of Birth:	Address:		_					
Players Name:	Players Name:	st Players Name:		Date of Birth:	_/	_/	Age:	_ Boy / Girl
Address:	Address:	nd Players Name:		Date of Birth:	_/_	_/	_ Age:	Boy / Girl
Cell Phone: Cell Phone: C	Cell Phone:	rd Players Name:		Date of Birth:	/	_/	_ Age:	Boy / Girl
Polease initial each one: NO REFUNDS NO CREDIT FOR MISSED OR SKIPPED SESS	Polease initial each one: NO REFUNDS NO CREDIT FOR MISSED OR SKIPPED SESSION	Address:	City		TX	Zip_		
the undersigned, release Mcallen Youth Soccer Association, Dynamo Jrs and associated personnel from liability njury or losses incurred while at training. Name of Parent:	the undersigned, release Mcallen Youth Soccer Association, Dynamo Jrs and associated personnel from liability on injury or losses incurred while at training. Name of Parent:	Cell Phone:		ell Phone:				
the undersigned, release Mcallen Youth Soccer Association, Dynamo Jrs and associated personnel from liability njury or losses incurred while at training. Name of Parent:	the undersigned, release Mcallen Youth Soccer Association, Dynamo Jrs and associated personnel from liability of njury or losses incurred while at training. Image:	mail:						
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Location: at De Leon Soccer Fields 29th St/Nolana Players need to bring: soccer ball/water/soccer shoes/shin guards \$25.00 ages 3-12 boys & girls 6:00-7:00PM September 14,21,28 September 14,21,28 Fach session must have at least 15 pre-registered players in order for the session to proceed. *3 Year olds: We will ONLY take 10 players per session / parent participation required Office Use only: Session 1:\$ Session 2:\$ Session 3:\$ Received payment by: Date: Da	Location: at De Leon Soccer Fields 29 th St/Nolana Players need to bring: soccer ball/water/soccer shoes/shin guards \$25.00 ages 3-12 boys & girls 6:00-7:00PM September 14,21,28 \$30.00 ages 3-12 boys & girls 6:00-7:00PM October 5, 12, 19, 26 \$40.00-7:00PM November 2, 9, 16, 30 (no training Thanksgiving week) **3 Year olds: We will ONLY take 10 players per session / parent participation required Office Use only: Session 1:\$ Session 2:\$ Session 3:\$ Received payment by: Date: D	njury or losses incurred while at tro	iining.		330010	ica p	ersonner n	om nability at
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Received payment by: Date:	Received payment by: Date:							
		Office Use only: Ses	sion 1:\$ \$	Session 2:\$		Sessi	ion 3:\$	
	Method of payment: (circle one) Cash Check# Visa MasterCard American Express Discover	Received navment hy:		D	ate:_	/_	/	_
Method of payment: (circle one) Cash Check# Visa MasterCard American Express Discovery		Received payment by:						

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