



DYNAMO JRS TRAINING ACADEMY



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

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

3rd 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)

Signature of Parent: _____ Date: ____/____/____

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

\$30.00

ages 3-12 boys & girls

6:00-7:00PM

October 5, 12, 19, 26

\$30.00

ages 3-12 boys & girls

6:00-7:00PM

November 2, 9, 16, 30

(no training Thanksgiving week)

Each 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: ____/____/____

Method of payment: (circle one) Cash Check# _____ Visa MasterCard American Express Discover

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